

NATIONAL PERSONNEL RECORDS CENTER

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July 2, 2024

HELEN GUNN
4900 UPPER DR
LAKE OSWEGO, OR 97035-4345

SN 966 21 14

RE: Veteran's Name: GUNN, Ben H
SSN/SN: ***266**
Request Number: 2-29371308148

Dear Recipient:

Thank you for contacting the National Personnel Records Center. We are pleased to respond to your request for Personnel Records by providing the enclosed documents.

Separation documents may include the following information: the type and character of discharge, authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number. If you require a copy of the separation document that does not contain this information, a "~~deleted~~" copy must be requested from this Center. A seal has been affixed to the separation document to attest to its authenticity.

The Privacy Act of 1974 does not permit the release of personal information without the authorization of the individual concerned; therefore, if present in the record, personal data pertaining to other individuals have been blacked out in the enclosed documents.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

ROGER JOHNSON
Expert Archives Technician (AFN-MC5D)

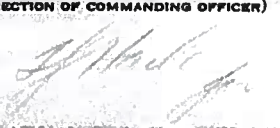
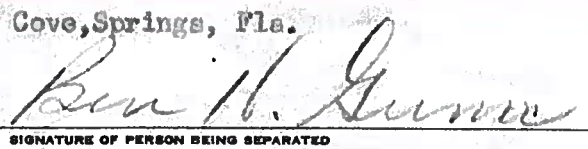


**We Value Our
Veterans' Privacy**

*Let us know if we have
failed to protect it.*

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE
NAVPERS-553 (REV. 8-45)

GIR 2740

1. SERIAL OR FILE NO.		2. NAME (LAST) (FIRST) (MIDDLE)		3. RATE AND CLASS/OR		5. PLACE OF SEPARATION	
966 21 14		GUMM, Ben H.		QM 3/c		P. S. C. Memphis, Tenn.	
RANK AND CLASSIFICATION		4. PERMANENT ADDRESS FOR MAILING PURPOSES					
		SV-6 USNR Ashland City, Tenn.					
6. RACE		9. SEX		10. MARITAL STATUS		11. U.S. CITIZEN (YES OR NO)	
White		M		Single		Yes	
		12. DATE AND PLACE OF BIRTH					
		13 Oct. 1925, Ashland City, Tenn.					
		6. CHARACTER OF SEPARATION					
		HONORABLE					
		7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT					
		Ashland City, Tenn.					
13. REGISTERED		14. SELECTIVE SERVICE BOARD OF REGISTRATION					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Ashland City, Tennessee					
15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		Ashland City, Tennessee					
16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)		17. DATE OF ENTRY INTO ACTIVE SERVICE					
<input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> INDUCED <input type="checkbox"/> COMMISSIONED		27 Dec. 1943					
DATE		18. NET SERVICE (FOR PAY PURPOSES) (YRS., MOS., DAYS)					
DATE 17 Dec. '43		2-4-25					
19. PLACE OF ENTRY INTO ACTIVE SERVICE		20. QUALIFICATIONS, CERTIFICATES HELD, ETC.					
Chattanooga, Tennessee		Those of Rate					
21. RATINGS HELD		22. FOREIGN AND/OR SEA SERVICE WORLD WAR II					
AS, S2/c, S1/c, QM3/c		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
23. SERVICE SCHOOLS COMPLETED		24. SERVICE (VESSELS AND STATIONS SERVED ON)					
MT School, Class "A", QM School, San Diego, Calif.		WEEKS 16 MTS, San Diego, Calif. R/S Noumea, N.C. USS Whitney (AD-4) Pers & Trg Com(RS), New Orleans, La. ACC, Brooklyn, N.Y. USS Juneau					
IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTOR'S SUBDIVISION, VETERAN'S ADMINISTRATION, WASHINGTON 25, D. C.							
25. KIND OF INSURANCE		26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE		27. MO. NEXT PREMIUM DUE		28. AMOUNT OF PREMIUM DUE EACH MONTH	
NSI		5-46		6-46		\$6.40	
29. INTENTION OF VETERAN TO CONTINUE INS.		Yes					
30. TOTAL PAYMENT UPON DISCHARGE		31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		32. INITIAL MUSTERING OUT PAY		33. NAME OF DISBURSING OFFICER	
\$ 69.68		\$ 11.30		100.00		G. E. MORGAN Lt (SG) USNR	
34. REMARKS		35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)					
Quartermaster, Third Class Victory Medal Asiatic-Pacific Medal American Theatre Medal		 NATHANIEL T. WILLIAMS JR. Lt. Comdr., USNR					
36. NAME AND ADDRESS OF LAST EMPLOYER		37. DATES OF LAST EMPL'MT.		38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.			
None		FROM None TO		Student			
39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA)		40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)					
Vanderbilt University Nashville, Tennessee		College - Law					
41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED)		42. DEGREES		43. MAJOR COURSE OR FIELD			
GRAM.: 8 H. S.: 4 COLL.: 0 0 0				None			
44. RIGHT INDEX FINGERPRINT		45. OFF DUTY EDUCATIONAL COURSES COMPLETED					
		None * N/S, Green Cove, Springs, Fla.					
46. DATE OF SEPARATION		47. SIGNATURE OF PERSON BEING SEPARATED					
11 May 1946							

TO: BUREAU OF NAVAL PERSONNEL

REGISTRATION CARD (Men born on or after July 1, 1924, and on or before December 31, 1924)
(Also for the registration of men as they reach the 18th anniversary of the date of their birth on or after January 1, 1943.)

SERIAL NUMBER W <u>114</u>	1. NAME (Print) <u>Ben</u> <u>Heathman</u> <u>Gunn</u> <small>(First) (Middle) (Last)</small>			ORDER NUMBER <u>16831</u>
2. PLACE OF RESIDENCE (Print) <u>Ashland City</u> <u>Cheatham County</u> <u>Tennessee</u> <small>(Number and street) (Town, township, village, or city) (County) (State)</small>				
[THE PLACE OF RESIDENCE GIVEN ON LINE 2 ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]				
3. MAILING ADDRESS <u>701 Cedar St.</u> <u>Cookeville.</u> <u>Putnam</u> <u>Tennessee</u> <small>(Mailing address if other than place indicated on line 2. If same, insert word same)</small>				
4. TELEPHONE <u>None</u>	5. AGE IN YEARS <u>18</u> <u>Oct. 13, 1925</u> <small>(Exchange) (Number) (Mo.) (Day) (Yr.)</small>		6. PLACE OF BIRTH <u>Cheatham County</u> <u>Tenn.</u> <u>USA</u> <small>(Town or county) (State or country)</small>	
7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS <u>Mrs. J. N. Gunn, mother, Ashland City, Tennessee</u>				
8. EMPLOYER'S NAME AND ADDRESS <u>Go to Tennessee Tech.</u> <u>Cookeville, Tennessee</u>				
9. PLACE OF EMPLOYMENT OR BUSINESS <u>None</u>				
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.				
DSS Form 1 (Rev. 11-16-42) 016-21630-4 (OVER) <u>Ben H. Gunn</u> <small>(Registrant's signature)</small>				

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

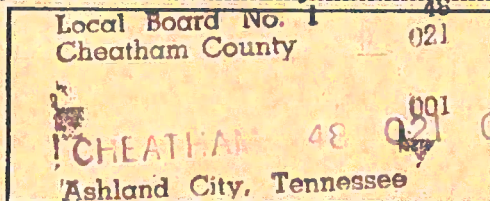
RACE		HEIGHT (Approx.)	WEIGHT (Approx.)		COMPLEXION	
White	<input checked="" type="checkbox"/>	5' 10"	135		Ballow	
Negro		EYES	HAIR		Light	<input checked="" type="checkbox"/>
Indian		Blue	Blonde		Ruddy	
Filipino		Gray	Red		Dark	
Japanese		Hazel	Brown	<input checked="" type="checkbox"/>	Freckled	
Other Oriental		Brown	Black		Light brown	
		Black	Gray		Dark brown	
			Bald		Black	

Other obvious physical characteristics that will aid in identification

None

I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

Clara Maynard
(Signature of registrar)
Registrar for Local Board 1. Putnam County, Tennessee
(Number) (City or county) (State)
Date of registration October 14, 1943



(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination ☒ Second examination ☐ Third examination ☐ Fourth examination ☐
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

Do Not Enter
Anything in This
Column

RESIDENCE

State

County

Place inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital

1. Name (page 1) Ben Heathman Gunn
(First) (Middle) (Last)
2. Address (page 1) 201 Cedar St. Cookeville Cheatham Tennessee
(Street or rural route) (Town or city) (County) (State)
3. Social Security No. (Series I, line 5) None 4. Registrant's order number (page 1) 10,831
5. Physical or mental defects or diseases (Series II, line 1) None
6. Treatment at an institution, sanitarium, or asylum (Series II, line 2) No
(Yes or no)
7. Education completed (Series III): Elementary 8 High 4 Vocational school, college, or university 18 wk.
(Number years) (Series III): school school
8. Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Engineering student
(b) Duties (Series IV, line 2 (b))
(c) Title of last job, if unemployed (Series IV, line 3)
9. Years experience in this work (Series IV, line 2 (c), or Series V, line 2)
10. Income (Series IV, line 2 (d)): Average earnings None
(Weekly, monthly, and yearly)
11. Employment class (Series IV, line 2 (e)): Permanent employee ☐ Temporary employee ☐ Apprentice ☐ Independent worker ☐
Unpaid family worker ☐ Employer ☐ Student (Series IV, line 4 (a)) ☐
12. Business of present employer (Series IV, line 2 (g))
13. Marital status (Series VII, line 1): Single ☒; Widower ☐; Divorced ☐; Married, not separated ☐; Married, separated ☐
14. Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) None
15. Birthplace (Series IX, line 1) Ashland City Tennessee USA
(Town or city) (State) (Country)
16. Birth date (Series IX, line 2) October 13 1925
(Month) (Day) (Year)
17. Race (Series IX, line 3): White ☒; Negro ☐; Other (specify)
18. Citizenship: United States citizen (Series IX, line 4) yes; Declarant alien (Series IX, line 7) no
(Yes or no) (Yes or no)
19. Previous U. S. military service (Series XII): None ☒; Army ☐; Guard ☐; Navy ☐; Marine Corps ☐; Coast Guard ☐
20. Type of discharge (Series XII): Specify
21. Date of registrant's affidavit (top of page 8) 5 November 1943
(Day) (Month) (Year)

INSTRUCTIONS

1. An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters' Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.

2. Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.

3. If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).

4. For registrants accepted by the induction station of the armed forces: If inducted by the Army, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.

5. Fingerprints are required only on this original and only for registrants who are inducted. If inducted by ARMY, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY

(Page 1)

SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) _____

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ☐; Yes ☐

24. Serological test (syphilis): Date 11-24-43 Result Negative

Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks serology not taken; examination not required - subparagraph

5. Section 623.41. Selective Service Regulations

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) no If answer is "yes," describe the defects, in order of significance
(Answer yes or no) _____

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)?
(If in doubt, answer "no," and give details.) _____ If answer is "yes," describe the defects, in order of significance
(Answer yes or no) _____

10. BIRTH (Date of birth) October 12 1922

11. BIRTH (Place of birth) Chatham, Tennessee

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.

(d) Signature of examining physician Dr. J. D. Pett

(e) Place Ashland City

(Town or city)

(County)

(State)

(f) Date Nov 24, 1943

27. (a) This Local Board has classified the above-named registrant in Class I-A

(b) Signature of Member of Local Board E. H. Henson

(c) Place Ashland City

(Town or city)

Chatham

(County)

Tennessee

(State)

(d) Date Nov. 15, 1943

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service.)

A. Nearest relative and person to be notified in case of emergency:

28. Nearest relative James Noble Gunn,

(Other than wife or minor child. Name in full)

29. Relationship Father, 30. Address Ashland City, Tenn.

(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Pauline Heathman Gunn,

(Name in full)

32. Relationship Mother, 33. Address Ashland City, Tenn.

(If friend, so state)

(Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:

34. The persons eligible to be my beneficiary are designated below:

(1) No wife.

(Full name of wife; if deceased, or if she is deceased or divorced, so state)

No children.

(2) _____
(Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the

wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) Pauline Heathman Gunn, mother, Ashland City, Tenn.

(If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) James Noble Gunn, father, same address as above.

(If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

37. Signature of registrant Ben

(First name)

Heathman

(Middle name)

Gunn

(Last name)

38. Witnessed at NAS, Chattanooga, Tenn.

on 17 Dec. 1943., 19

J. Matias
(Signature of witness attesting)

J. Matias, Y3c, USNR.
(Name of witness typed)

(Grade and organization)

ORIGINAL COPY

(PAGE 2)

c16-28941-2

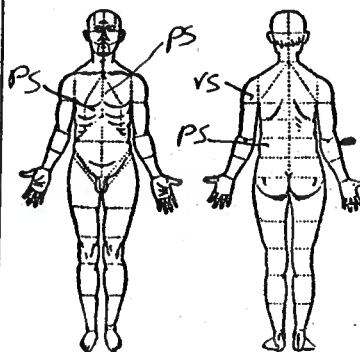
SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Armed Forces.)

Do Not Write
in This
Column

39. Eye abnormalities None
40. Ear, nose, throat abnormalities None
41. Mouth and gum abnormalities None
42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.
- | Right | | | | | | | | | | Left | | | | | | | | | |
|-------|----|----|----|----|----|----|---|---|----|------|----|----|----|----|----|--|--|--|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| X | | | | | | | | | | | | | | | X | | | | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | |
- (b) Remarks, including other defects None
- (c) Prosthetic dental appliances None
- (d) Remediable dental defects None
43. Skin Normal
44. Varicose veins None
45. Hernia None
46. Hemorrhoids None
47. Genito-urinary (non-venereal) Normal
48. Venereal diseases None
49. Feet Normal
50. Musculoskeletal defects None
51. Abdominal viscera Normal
52. Cardiovascular system Normal
53. Lungs Normal
54. Chest X-ray No pathology visualized
55. Mental Normal
56. Nervous system Normal
57. Endocrine system Normal
58. Other defects and/or diseases or other remarks None
59. Summary of defects in order of significance No defects of note

60. Vision, without correction:
- (a) Right eye 20/20
- (b) Left eye 20/20
61. Vision, with correction:
- (a) Right eye Normal
- (b) Left eye Normal
62. Color perception* Normal
METHODIST
63. Hearing:
- (a) Right ear 15/15
- (b) Left ear 15/15
64. Height 68 1/2 inches.
65. Weight 137 pounds.
66. (a) Girth, at nipples; inspira-
tion 33 inches.
- (b) Girth, at nipples; expira-
tion 31 inches.
- (c) Girth, at umbilicus
26 inches.
67. Posture:
Good ☐ Fair ☒ Poor ☐
68. Frame:
Heavy ☐ Med. ☒ Light ☐
69. Color of hair Brown
70. Color of eyes Brown
71. Complexion Ruddy
72. Pulse, sitting 90
73. Pulse, after exercise* 120
74. Pulse, 2 minutes after exer-
cise* 94
75. Blood pressure:
- (a) Systolic 132
- (b) Diastolic 80
76. Urinalysis:
- (a) Specific gravity 1.017
- (b) Albumin Negative
- (c) Sugar Negative
- (d) Microscopic*

77. Other data:



* When indicated.

ORIGINAL COPY

(PAGE 3)

c16-20941-2

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

(a) Gunn, Ben H. is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)

(b) _____ is physically and mentally qualified for general military service
(Enter name of registrant if this subsection is applicable)

after the satisfactory correction of the following remediable defects: _____

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

(c) _____ is physically qualified for limited military service only by
(Enter name of registrant if this subsection is applicable)
reason of _____

(d) _____ is physically qualified for limited military service after the
(Enter name of registrant if this subsection is applicable)
satisfactory correction of the following remediable defects: _____

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

(e) _____ is physically and/or mentally disqualified for military service by reason of
(Enter name of registrant if this subsection is applicable)

(f) _____ is disqualified for military service because of
(Enter name of registrant if this subsection is applicable)

(g) Signature [Signature] (h) Title CHIEF MEDICAL EXAMINER
Medical Examiner. FT. OGLETHORPE, GA.

(i) Name typed or stamped LT. J. I. WITTMEIER, MC-V (G) USNR 16 Dec 1943

79. (a) Gunn, Ben Heathman was this date inducted for (general; limited) [strike out inapplicable
(Enter name of registrant if this subsection is applicable)
word] military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) _____
Navy of the United States and sent to _____

(b) _____ was this date rejected for service in the (fill in appropriate
(Enter name of registrant if this subsection is applicable)
service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.

(c) Place AFIS Ft. Oglethorpe, Ga. (d) Signature [Signature]

(e) Date 12 Dec. 1943 (f) Name typed or stamped Wm. SEEHORN, Lt. (jg) U.S.N. (Ret.)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.






80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____

(b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____

(c) Place _____ (d) Date _____

(e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

ORIGINAL COPY

U. S. GOVERNMENT PRINTING OFFICE

U. S. NAVY RECRUITING STATION,
Chattanooga, Tennessee

(Place)

December 17, 1943

From: Officer in Charge.

To : GUNN, Ben Heathman, AS USNR SV-6

Subject: Orders.

1. You are hereby ordered to active duty without pay to proceed via transportation furnished, you herewith to the locality of Local Board #1, Ashland City, Tenn.

Upon arrival there on December 17, 1943 you will consider yourself released from active duty.

2. It is understood that your address while on inactive duty will be

Ashland City, Tenn.

3. You are hereby recalled to active duty at 8:00 A. M. on December 27, 1943 with full pay and allowances and directed to report to the Navy Recruiting Station,

Chattanooga, Tennessee

using transportation furnished you herewith.

W. A. SMITH, Lt. D-V(S), USNR

Transportation furnished from Chattanooga, Tennessee to Ashland City, Tenn.

and return on T/R N-

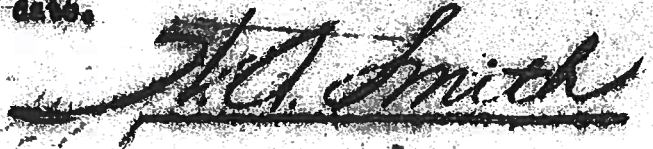
3218526

NRS, Chattanooga, Tennessee

12-27-43

(214)

1. Reported for active duty 0800 this date.



9662114

(SERVICE NO.)

NAME

GUNN, Ben Heathman

A. S.
(RATE)

\$50.00

(PAY PER MONTH)

DATE 17 Dec. 1943 INDUCTED INTO THE UNITED STATES NAVY.

ACCEPTED FOR INDUCTION AT Local Board #1, Ashland City, Tenn.

PLACE OF INDUCTION NRS CHATTANOOGA, TENN.

TRANSFERRED TO ACTIVE DUTY USN-I ☐ ENLISTED: USN-SV ☐ USNR-SV ☒OCCUPATION Engi^(STATION)neering Student - *CITIZENSHIP U.S.

PLACE OF BIRTH Ashland City, Tenn. DATE OF BIRTH Oct. 13, 1925 AGE: YEARS 18 MOS. 2

HOME ADDRESS Ashland City, Cheatham, Tennessee

NEXT OF KIN OR LEGAL GUARDIAN James Noble Gunn (STREET AND NUMBER) (TOWN) (COUNTY) (STATE)

ADDRESS Ashland City, Tenn. (NAME) (RELATIONSHIP) FATHER MARRIED ☐ SINGLE ☒

CREDITED TO 7th CONGRESSIONAL DISTRICT, STATE OF Tennessee

EDUCATION: GRADE SCHOOL 8 YRS; HIGH SCHOOL 4 YRS; COLLEGE 0 YRS; POST GRAD. 0 YRS.

PREVIOUS SERVICE IF NONE, CHECK HERE ☒

**CONTINUOUS SERVICE CERTIFICATE NO.

FIRST ENLISTED IN Regular Navy ☐ Naval Reserve ☐DATE PLACE LAST ENLISTMENT OR EXTENSION: Regular Navy ☐ Naval Reserve ☐

DATE TERM WAS LAST DISCHARGED (DATE) FROM

WITH DISCHARGE AS SERVICE IN REGULAR NAVY (YEARS) (MONTHS) (DAYS)

NAVAL RESERVE (YEARS) (MONTHS) (DAYS) MARINE CORPS (RATE) (YEARS) (MONTHS) (DAYS) COAST GUARD (YEARS) (MONTHS) (DAYS) ARMY (YEARS) (MONTHS) (DAYS)

PHYSICAL CHARACTERISTICS
HEIGHT 5 FEET 8 INCHES; WEIGHT 137; EYES brown; SEX male; HAIR brown; COMPLEXION ruddy COLOR white

MARKS: psrt chest. ps mid chest. post; vsla. ps lt lwr back.

THIS IS TO CERTIFY that the above-named inductee has been examined, agreeably to the Regulations of the Navy, and in my opinion he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated that he has no disease concealed or likely to be inherited.

J. L. Wittmer
(SIGNATURE OF NAVAL MEDICAL OFFICER)
J. L. WITTMER, USN

OATH OF ALLEGIANCE: I, Ben Heathman Gunn

do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the rules and articles for the government of the Navy.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Term of Service: In accordance with Selective Service Act.

Ben Heathman Gunn

Ben Heathman Gunn

(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

Subscribed and sworn to before me this 17th day of December, A. D. 1943
and contract perfected.

United States citizenship substantiated.

W. A. Smith
W. A. SMITH, Lieut. D-Y(S), USNR
(NAME AND RANK OF RECRUITING OFFICER)

Place of Induction NRS CHATTANOOGA, TENN.

*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A.; Guam, Guam; Philippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.

**For reenlistments with continuous service note Art. D-1002, Bureau of Naval Personnel Manual.

NAVPERS 603B (REV. 4-43)

INDUCTION ARTICLES

PART 1 FOR BuPers JACKET

NOTE: FOR USE OF NAVY INDUCTEES ONLY

BFP

1062111

AS USNR-BV 550.00 (PAY PER MONTH)

DATE 17 December 1943 FIRST ENLISTMENT ☒ REENLISTMENT ☐ IN THE UNITED STATES NAVY

CLASS V-6 FOR TWO YEARS: MINORITY ☐

ADMITTED AT NRS CHATTANOOGA, TENN. ENLISTED AT NRS CHATTANOOGA, TENN.

TRANSFERRED TO ACTIVE DUTY ☐ OR INACTIVE DUTY ☒ For Further Trans. to Recruit Training.

CITIZENSHIP U.S.

DATE OF BIRTH Oct. 13, 1925 AGE 18 YRS. 2 MOS.

HOME ADDRESS Ashland City, Tenn. CHEATHAM, Tennessee

NAME OF NEXT KIN OR LEGAL GUARDIAN James Noble Gunn (COUNTY) Father (RELATIONSHIP)

ADDRESS Ashland City, Tenn. MARRIED ☐ SINGLE ☒

CREDITED TO 7th CONGRESSIONAL DISTRICT, STATE OF Tennessee

EDUCATION: GRADE SCHOOL 8 YRS. HIGH SCHOOL 4 YRS. COLLEGE 0 YRS. POST GRAD. 0 YRS.

PREVIOUS SERVICE IF NONE, CHECK HERE ☒

CONTINUOUS SERVICE CERTIFICATE NO. FIRST ENLISTED IN REGULAR NAVY ☐ NAVAL RESERVE ☐

DATE PLACE LAST ENLISTMENT OR EXTENSION: REGULAR NAVY ☐ NAVAL RESERVE ☐

WITH DISCHARGED AS SERVICE IN REGULAR NAVY (YEARS) (MONTHS) (DAYS)

NAVAL RESERVE (YEARS) (MONTHS) (DAYS) MARINE CORPS (YEARS) (MONTHS) (DAYS) COAST GUARD (YEARS) (MONTHS) (DAYS) ARMY (YEARS) (MONTHS) (DAYS)

PHYSICAL CHARACTERISTICS

HEIGHT 5 FEET 8 INCHES; WEIGHT 137 EYES brown HAIR brown COMPLEXION mucky WHITE

ANT: ps rt chest. ps mid chest. post;vsia. ps lt lwr back.

I CERTIFY that I have carefully examined, agreeably to the Regulations of the Navy, the above-named recruit, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated to me that he has no disease contracted or likely to be inherited.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with W. A. Smith, Lt. D.V.(S) USNR, of the United States Navy, as follows:

First: To enter the service of the Navy of the United States and to report to such station or vessel of the Navy as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve Two years from December 17, 1943 during minority until 1, unless sooner discharged by proper authority, and on the conditions provided by the act of Congress of March 3, 1875, as follows:

SEC. 1422. That it shall be the duty of the commanding officer of any fleet, squadron, or vessel acting singly, when on service, to send to an Atlantic or to a Pacific port of the United States as their enlistment may have occurred on either the Atlantic or Pacific Coast of the United States, in some public or other vessel, all petty officers and persons of inferior ratings desiring to go there at the expiration of their terms of enlistment, or as soon thereafter as may be, unless, in his opinion, the detention of such persons for a longer period should be essential to the public interests, in which case he may detain them, or any of them until the vessel to which they belong shall return to such Atlantic or Pacific port. All persons enlisted without the limits of the United States may be discharged, on the expiration of their enlistment, either in a foreign port or in a port of the United States, or they may be detained as above provided beyond the term of their enlistment; and that all persons sent home, or detained by a commanding officer, according to the provisions of this act, shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge; and all persons so detained by such officer, or reentering to serve until the return to an Atlantic or Pacific port of the vessel to which they belong shall in no case be held in the service more than thirty days after their arrival in said port; and that all persons who shall be so detained beyond their terms of enlistment, or who shall after the termination of their enlistment, voluntarily reenter to serve until the return to an Atlantic or Pacific port of the vessel to which they belong and their regular discharge therefrom, shall receive for the time during which they are so detained or shall so serve beyond their original terms of enlistment, an addition of one-fourth of their former pay: Provided, That the shipping articles shall hereafter contain the substance of this section.

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until six months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained the addition of one-quarter pay as specified in Section 1422, Revised Statutes, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and articles for the government of the Navy as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by naval authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

Fifth: I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Ben Heathman Gunn do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the rules and articles for the government of the Navy.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Ben Heathman Gunn
Ben Heathman Gunn

(SIGNATURE IN OWN HANDWRITING. SURNAME TO RIGHT)

Subscribed and sworn to before me this 17th day of December 1943 and contract perfected. United States citizenship substantiated.

W. A. SMITH, Lt. D.V.(S) USNR

Commanding, U. S. NRS CHATTANOOGA, TENN.

*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A.; Guam, Guam; Philippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.

**For reenlistments with continuous service note Art. D-1002, Bureau of Naval Personnel Manual.

SHIPPING ARTICLES
PART 1 FOR BuPers ENLISTED MAN'S JACKET

BFP

AFFIDAVIT

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expense. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

RES CHATTANOOGA, TENN.

ss

9662114

I, Ben Heathman Gunn

A.S. SV-6

(Rank or Rating)

, U. S. Naval Reserve, being first duly sworn,
upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension,
disability allowance, disability compensation, or retired pay (*) from the Government of the
United States.

Ben Heathman Gunn

Subscribed and sworn to before me this 17th
day of December, A.D., 1943

W. A. Smith

(Signature and Official Title)

W. A. Smith, Lieut. N-1(3), USNR

To be executed in triplicate.

Disposition: 1-Bupers
1-To Comdt.
1-To service record.

(*) 'Retired Pay' does not include pay of members of the Fleet Reserve or members of the Honorary Retired List.

Form 100 (Rev. 1-1-44)

Name Gunn, Ben None

No. 9662114 C. S. C. None

Inducted 12-17-43

Class A. A.

Address ASHLAND CITY, TENN.

Branch of service for which best suited Unknown

Trade schools attended NONE

Special duties for which qualified Unknown

Vocation: Engineering Student

Language qualifications English

I certify that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Signature and rank of Recruiting Officer
W. A. Smith, Lieut. D-V(S), USNR

Station 50.00

Credited upon enlistment with pay at \$ 50.00 per month (after 1 years service and because of award of 11 USNS SAN DIEGO, CALIF.)

(Number and designation of D. S. M., M. H., or N. C.)
136.66

Signature and rank of Disbursing Officer
H. ANTHONY, Lt. Cdr. SC-V (G), USNR

Station USNTS SAN DIEGO, CALIF.

Credited with \$ 136.66 uniform gratuity upon first reporting for active duty in time of war.

Signature and rank of Disbursing Officer
H. Anthony

Station 16-30510-1

Form 100 (Rev. 1-1-44)

Citizenship U.S.

Place of birth Ashland City, Tenn.

Date of birth Oct. 13, 1925

Home address Ashland City, Tenn.

Next of kin James Noble Gunn

Relationship Father

Address Same

Education 12th

Branch of service for which best suited Unknown

Trade schools attended NONE

Special duties for which qualified Unknown

Vocation: Engineering Student

Language qualifications English

I certify that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Signature and rank of Recruiting Officer
W. A. Smith, Lieut. D-V(S), USNR

Station 50.00

Credited upon enlistment with pay at \$ 50.00 per month (after 1 years service and because of award of 11 USNS SAN DIEGO, CALIF.)

(Number and designation of D. S. M., M. H., or N. C.)
136.66




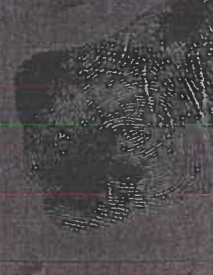




Signature and rank of Disbursing Officer
H. ANTHONY, Lt. Cdr. SC-V (G), USNR

Station USNTS SAN DIEGO, CALIF.

Credited with \$ 136.66 uniform gratuity upon first reporting for active duty in time of war.

Signature and rank of Disbursing Officer
H. Anthony

Station 16-30510-1

RIGHT HAND		LEFT HAND	
1. Thumb	2. Index	3. Middle	4. Ring
			
			

IDENTIFICATION RECORD

16-30510-1

9662114

DESCRIPTIVE LIST OF GUNN, Ben Heathman

(Name in full, surname to the left.)

Age 18 years 2 months Height 5 feet 8 inches
 Weight 137 pounds Eyes brown Hair brown
 Complexion ruddy Personal characteristics, marks, etc. AT: ps rt hest. ps mid ches.
post; vsla. ps lt lwr back. BLOOD TYPE NA

DATE AND NATURE OF ANY WAIVER

I agree to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by the Naval authorities.

Ben Heathman Gunn

Signature of recruit, in his own handwriting.

J. R. Sullivan

Signature of medical officer, in his own handwriting.

USN 562 (Reserve) (Aug 1, 1942)

Name **Gunn, Ben Heathman**
(Name in full, or to the left)
 Service No. **9662114**
 Station **MRS CHATTANOOGA, TENN**
(Place) **12-17-43** (Date)

Under the provisions of the Act approved May 22, 1928, as extended by the Act of March 17, 1941, directing the payment of 6 months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

Not Married

(Full name of wife, if not married, so state)

(Address of wife)
None
(Full name of child; if none, so state) (Date of birth)
(Address of child)
(Full name of child) (Date of birth)
(Address of child)
(Full name of child) (Date of birth)
(Address of child)

In the event that payment cannot be made to the above-named relative, I then designate as my beneficiary under the said act the following relative, my

Mother

(Relationship)

Pauline Heathman Gunn

(Name in full)

Ashland City, Tenn.

(Address)

* If the beneficiary named above is your father, mother, brother, or sister, you need not fill in these three lines. If the beneficiary is a more distant relative, such as a grandparent, state briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," indicating amounts and regularity thereof.

DUPLICATE FOR BuPers ENLISTED MAN'S JACKET

(over)

16-30510-1

In the event of the death of the above-named relative before payment is made, I then designate as my beneficiary under said act the following relative, my

Father

(Relationship)

James Noble Gunn

(Name in full)

Ashland City, Tenn.

(Address)

* In case of relatives more distant than your parent or brother or sister state briefly wherein dependency exists, indicating amounts and regularity thereof.

I CERTIFY that I will inform my Commanding Officer immediately of any change in marital status, or conditions of dependency, or of voluntary occupancy of public quarters by my dependents.

I CERTIFY that there has been no change in condition of depend-

ency between

and

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

Ben Heathman Gunn

(Name)

AS USN-I

(Rank or rating)

U. S. Navy,

Marine Corps.

Subscribed and sworn to before me this **17th**

day of **December** 19**43** I having authority to administer oaths

W. A. Smith
 W. A. Smith, Lieut. D-V(S), USNR

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs Anna May Smith," not "Mrs John Smith."

This slip should be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Navy Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

Enlisted men, Marine Corps: In duplicate; one copy to Commandant, Marine Corps, one copy secured inside service record.

New beneficiary slips shall be executed and forwarded as above in all cases of change of status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.

16-30510-1

Name

Gunn, Ben Heathman

96621 14

(Name in full, surname to the left)

AS USN-I

(Service number)

rate

(USNR Class)

Date reported aboard

17 December 1943

NRS, Chattanooga, Tennessee

(Present ship or station)

Induction

(Ship or station received from)

12-17-43 Inducted into the U. S. Navy as Apprentice Seaman, USN-I, this date, in accordance with Selective Training and Service Act of 1940, as amended.

12-17-43 Voluntarily enlisted as Apprentice Seaman, Class V-6, U. S. Naval Reserve, SV, this date, to serve for a period of two (2) years. BNP Form 603 (Shipping Articles) executed.

Placed on inactive duty.

W. A. Smith
W. A. SMITH, Lt. D-V(S), USNR

Reported for active duty **12-27-43**

Date transferred

DEC 27 1943

To

USNRS, SAN DIEGO, CAL.

W. A. Smith
W. A. SMITH, LT. D-V(S), USNR

Signature and rank of Commanding Officer.

Date received aboard

31 DEC 1943

NavTraSta SAN DIEGO, CALIF.

(New ship or station)

NRS CHATTANOOGA, TENN.

(Last ship or station)

H. C. GEARING, Captain, USN

Signature and rank of commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

B2-3358

966 21 14 GUNN, Ben Hentham
(Service No.) (Name in Full, Surname to the Left)

Rate **B2c** USN ☐ RET, ☐ USNR ☐ **SVV6**
(Class)

Date Reported Aboard: **31 December 1943**

NAVTRACON, SAN DIEGO, CALIF.
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: **B1a(GN)** **SVV6**
(Rate Abbreviation) (USNR Class)

FROM: **B2c** **SVV6**
(Rate Abbreviation) (USNR Class)

Date Change Effected: **26 May 1944.**

Authority and Remarks: **BuPers ltr Pers 67-Ly P17-2/MM dated 28 May 1943.**

Date Authority Received: **12 June 1943.**

☒ ☐ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☐ For Petty Officers, Article 1275NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years) (Mos.) (Days) Other Service*

(Years) (Mos.) (Days) Naval Service

(Years) (Mos.) (Days) Net Service completed on (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

19882-44

T. W. MARTZ, Lieut. (jg) USNR
Asst. Personnel Officer
(Name and Signature of Commanding Officer)

By **DIRECTION** of the **Commandant**
For Enlisted Man's Jacket

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE THIS FORM MUST BE PRINTED:

1. Company Number 44-1 Pay Number 225043

2. Full Name Ben Heathman Gunn
(First) (Middle) (Last)

3. Home Address Ashland City Tennessee
(Number) (Street or Route) (City) (State)

4. I was born at Ashland City Tenn. 13 October 1925
(City or County) (State) (Day) (Month) (Year)

5. Enlistment Date Dec. 17, 1943 Rate A.S. Age 18 USN-SV USNR

6. Service or Serial Number 9662114

7. Amount of Insurance Desired \$ 10,000. Ten
(Figures) (Words)

8. Are you now carrying Government Insurance NO Amount \$
(Yes or No)

9. FULL NAME OF BENEFICIARY (If married woman, give her own first and middle name and husband's last name)

A. Pauline Heathman Gunn Relationship Mother

B. Relationship _____

10. Address of Beneficiary Same as above

(Number) (Street or Route) (City) (State)

11. I request this application to be effective on: 5 Jan. 1944
(Day) (Month) (Year)

MONTHLY PREMIUM RATES (Per \$1,000)

<u>Age</u>	<u>Am't</u>	<u>Age</u>	<u>Am't</u>	<u>Age</u>	<u>Am't</u>	<u>Age</u>	<u>Am't</u>	<u>Age</u>	<u>Am't</u>	<u>Age</u>	<u>Am't</u>
17	.64	21	.65	25	.67	29	.70	33	.74	37	.79
18	.64	22	.66	26	.68	30	.71	34	.75	38	.81
19	.65	23	.66	27	.69	31	.72	35	.76	39	.83
20	.65	24	.67	28	.69	32	.73	36	.77	40	.85

12. Today's Date 5 Jan. 1944 Ben Heathman Gunn
(Day) (Month) (Year) (Sign Name in Full - Do Not Print)

WAIVER

13. The essential benefits of National Service Life Insurance have been explained to me and I DO NOT desire this type of insurance.

14. Date _____ Signature _____ Company No. _____

(Rav. Sant. 1939)

R2-3358

9x

966 21 14 GUNN, Ben Heatham
(Service No.) (Name in Full, Surname to the Left)Rate S2c USN ☐ RET. ☐ USNR ☒ SVV6
(Class)Date Reported Aboard: 31 December 1943NAVTRACEN, SAN DIEGO, CALIF.
(Present Ship or Station)**CHANGE IN RATE OR RESERVE CLASS**TO: S1c(OM) SVV6
(Rate Abbreviation) (USNR Class)FROM: S2c SVV6
(Rate Abbreviation) (USNR Class)Date Change Effected: 26 May 1944Authority and Remarks: BuPers ltr Pers 67-Ly
PL7-2/MM dated 28 May 1943.Date Authority Received: 12 June 1943☒ Qualified in all respects as required by current BuPers instructions.☐ Examination Report (Form B.N.P. 624) submitted (if required).☐ For Petty Officers, Article 1276 NR read and appointment accepted.**CHANGE IN LONGEVITY FOR PAY PURPOSES**

(Years) (Mos.) (Days) Other Service*

(Years) (Mos.) (Days) Naval Service

(Years) (Mos.) (Days) Net Service completed on (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

19882-44

T. W. MARTZ, Lieut. (jg) USNR
Asst. Personnel Officer
(Name and Signature of Commanding Officer)By Direction of the Commandant
PART 2—This Copy For Service Record

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

[illegible]

Name GUNN, Pem Heatham
(Name in Full, Surname to the Left)

966 21 14 Rate SS2 S10 SVV6 (QM)
(Service No.)

Date Reported Aboard: 31 December 1943

USNTS, SAN DIEGO, CALIF.
(Present Ship or Station)

NRS CHATTANOOGA, TENN.
(Ship or Station Received From)

ENCLOSURE "A"

RANK IN CLASS 28 NO. IN CLASS 24
FINAL MARK 94.87 (0-100: 62.5 IS PASS)
CHECK APPROPRIATE PHASE:

- ☒ 1. COMPLETED SCHOOL AS STRIKER
- ☐ 2. COMPLETED SCHOOL AND R.T.D.
- ☐ 3. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 4. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 5. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 6. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 7. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 8. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 9. FAILED - RESERVE - DUE TO POOR HEALTH
- ☐ 10. DIED OR WAS DISCHARGED FROM THE NAVY

AUTH: SUBORCONDSERV PAC Serial
13646 of 22 May 1944.
27 May 1944.

Re: Sta. NavRepBase, San Diego,
Calif., ffa by CSFSC PacFlt.

To: R. S. HAGGART, Captain, USN.

Signature and Rank of Commanding Officer.

1 June 1944.

Date Received Aboard:
R/S San Diego, Calif. (GD)

USNTC, San Diego, Calif.
(New Ship or Station)

C. H. HARRIS, CAPT USN
(Present Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

266 21 14 GUHL, Ben Heathman
 (Service No.) (Name in Full, Surname to the Left)
 Rate S1c USN ☐ RET. ☐ USNR ☒ V-6, SV
 (Class)
 Date Reported Aboard: 15 August 1944
U.S.S. WHITNEY (AD4)
 (Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: QM3c(T) V-6, SV
 (Rate Abbreviation) (USNR Class)
 FROM: S1c V-6, SV
 (Rate Abbreviation) (USNR Class)
 Date Change Effected: 1 October 1944
 Authority and Remarks: BuPers C/L 134-44
(in excess)

Date Authority Received: 26 July 1944

☒ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☒ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

Other Service*
 (Years) (Mos.) (Days)
 Naval Service
 (Years) (Mos.) (Days)
 Net Service
 (Years) (Mos.) (Days) completed on (Date)
 *Act 6-16-42 & BuPers Statement of service filed in service record.

G. W. WILLIAMS, Ensign, U.S.N.,
 By direction of the Commanding Officer.
 PART 3—Forward to BuPers Immediately
 For Enlisted Man's Jacket

Name **GUNN, Pem Heatham**
 (Name in Full, Surname to the Left)
 966 21 14 Rate **Slc (QM) SV V6**
 (Service No.)

Date Reported Aboard: **1 June 1944**

RS, San Diego, Calif. (GD)

(Present Ship or Station)

USNTO, San Diego, Calif.

(Ship or Station Received From)

RECEIVED: 7/7/44,
 RECEIVING STATION
 ESPIRITU SANTO, N.H.

Draft 1058.

19 June 1944.

Transferred to Receiving
 Station, Noumea, N.C. for
 Assignment by ComSeronSoPac.
 Auth: CSCSFPF. Serial 16055.
 of 14 June 1944.

19 June 1944.

Date Transferred

Rec. Sta. Noumea, N.C.

To

C.H. MORRISON, *gk* Capt. USN.

Signature and Rank of Commanding Officer.

Date Received Aboard: **15 August 1944**

U.S.S. WHITNEY (AD4)

(New Ship or Station)

R/S, Navy 140

(Last Ship or Station)

H.B. Olnhausen
H.B. OLNHAUSEN, Ship's Clerk, USN

Signature and Rank of Commanding Officer.

966 21 14 GUNN, Ben Heathman
 (Service No.) (Name in Full, Surname to the Left)
 Rate SLC USN ☐ RET. ☐ USNR ☒ V-6, SV
 (Class)

Date Reported Aboard: 15 August 1944

U.S.S. WHITNEY (AD4)
 (Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: QM3a(T) V-6, SV
 (Rate Abbreviation) (USNR Class)

FROM: SLC V-6, SV
 (Rate Abbreviation) (USNR Class)

Date Change Effected: 1 October 1944

Authority and Remarks: BuPers C/L 134-44
(in excess)

Date Authority Received: 26 July 1944

☒ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form E.N.P. 624) submitted (if required).

☒ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

____ Other Service*
 (Years) (Mos.) (Days)

____ Naval Service
 (Years) (Mos.) (Days)

____ Net Service
 (Years) (Mos.) (Days) completed on (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

G. W. WILLIAMS
G. W. WILLIAMS, Ensign, U.S.N.,
 By direction of the Commanding Officer.

PART 2—This Copy For Service Record

REPORT OF CHANGES

of U. S. S. WHITNEY (AD4)
for the ~~XXXXXXXXXX~~ 23rd day of AUGUST, 1944, date of sailing
from NAVY NO. 140 (ONE-FOUR-ZERO) to DANGEROUS WATERS

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Rating at Date of Last Report	4 Date of Enlistment			5 Place of Enlistment
<u>GUNN, Ben Heathman</u>	<u>966 21 14</u>	<u>Slc (QM) V-6, SV</u>	<u>17</u>	<u>Dec.</u>	<u>43</u>	<u>Chattanooga, Tenn.</u>
6 Branch of service	7 Received, transferred, deserted, discharged, change of rating, death, or any other change of status	8 Date of commission in column 7	9 Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge; where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If detailed, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.			
<u>USNR</u>	<u>Rec'd</u>	<u>15 August '44</u>	<u>from R/S Navy 140 for duty.</u>			

NAVY FORM-8
(Revised October 1943)

Page 11

MUSTER ROLL OF THE CREW

of the U. S. S. WHITNEY (AD4)

for the quarter ending 30 SEPTEMBER, 1944

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Present Rating	4 DATE OF ENLISTMENT			5 Date first received on board
			Day	Month	Year	
<u>GUNN, Ben Heathman</u>	<u>966-21-14</u>	<u>Slc (QM), V6SV</u>				<u>15 Aug. 1944</u>

16-58773-2

NAVY FORM-8
(Revised October 1943)
Page 5

REPORT OF CHANGES

of U. S. S. WHITNEY (AD4)

for the month ending 31st day of OCTOBER, 1944, ~~XXXXXXXXXX~~

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Rating at Date of Last Report	4 Date of Enlistment			5 Place of Enlistment
<u>GUNN, Ben Heathman</u>	<u>966 21 14</u>	<u>Slc V-6 SV</u>				
6 Branch of service	7 Received, transferred, deserted, discharged, change of rating, death, or any other change of status	8 Date of commission in column 7	9 Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge; where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If detailed, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.			
<u>USNR</u>	<u>C.R.</u>	<u>1 Oct. 1944</u>	<u>from Slc, V-6 SV to QM3c(T), V-6 SV. Auth: BuPers C/L 134-44.</u>			

This form to be submitted by commanding officers of all ships and stations, whenever any ship or station is commissioned or placed out of commission, on the last day of each month showing all changes for the month for which submitted; also upon sailing from one port to another, by commanding officers of point of origin of transfer and point of destination of called passengers.

16-52500-1

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MUSTER ROLL OF THE CREW

of the U. S. S. WHITNEY (AD4)

for the quarter ending 31 DECEMBER, 1944

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Present Rating	4 DATE OF ENLISTMENT			5 Date first received on board
			Day	Month	Year	
<u>GUNN, Ben Heathman</u>	<u>966-21-14</u>	<u>QM3c(T), V6SV</u>				<u>15 Aug. 1944</u>

U.S.S. WHITNEY

1 October 1944

(Date)

GUNN, B.H.

(Name)

Slc

(Rate)

QM3c(T)

(Advanced to)

4th

(Div.)

ARTICLE 1275, U.S. NAVY REGULATIONS

1275

"(1) Petty officers shall show in themselves a good example of subordination, courage, zeal, sobriety, neatness, and attention to duty.

(2) They shall aid to the utmost of their ability in maintaining good order, discipline, and all that concerns the efficiency of the command.

(3) For the preservation of good order petty officers are always on duty and are vested with the necessary authority to report and arrest offenders. This authority attaches to them while ashore on liberty.

(4) When an enlisted man is appointed petty officer, the commanding officer shall bring to his attention the provisions of this article."

I have read and understand the above.

Ber H. Gunn
(Signature)

W. J. Conlthard
(Division Officer)

REPORT OF EXAMINATION {ADVANCEMENT CHANGE} IN RATING

Bureau of Naval Personnel Manual, Part D, Chapter 5. Examination for rating of QM3c(T), V-6, SV
 Name GUNN, Ben Heathman Service No. 966-21-14 Present rate Slc(QM), V-6, SV
 U. S. U.S.S. WHITNEY (AB4) Continuous active service in present rate dates from 5/26/44
~~REGULAR NAVAL SERVICE~~ current-active duty commenced 12/17/43 as AS, V-6, SV
 (Cross out as applicable, neither applies to regular Navy men with continuous service.) (Date) (Rate)

Following service computed as of _____ (Date) (See instructions No. 4)

	U. S. N.	Current Active—U. S. N. R.	Inactive—U. S. N. R.
Total service	years, _____ months	years, _____ months	years, _____ months
In present rate	years, _____ months	years, _____ months	years, _____ months
In present pay grade	years, _____ months	years, _____ months	years, _____ months
Sea service (for C. P. O.)	years, _____ months	years, _____ months	years, _____ months

Column one above used for Regular Naval Service. Column two for service on current active duty in Naval Reserve. Column three for inactive service.

Following requirements for advancement fulfilled as noted (art. D-5104 (1)): (See instructions No. 5)

Practical factors completed—For rating _____ Qualifies under Art. D-5202 _____
 Training course(s) _____ Service school QM Class "A" School
 Service requirements were fulfilled on no requirements Remarks: _____
 (Date)

Conduct and proficiency in rating marks for period during which marks affect eligibility:

Quarter ending																Average	Meet requirements
Conduct																	(Yes) (No)
Proficiency in rate																	(Yes) (No)

Entries derived from service record certified correct _____

U. S. N.

EXAMINATION MARKS (Reference Art. D-5105)

Article D-5201 A-N (average mark) 3.0 Article D-5202 for petty officers (average mark) 3.5

NOTE.—Examination marks for neither Article D-5201 nor D-5202 used as factor in multiple.

Article D-52 _____ () (B) (a) —() —Qualifications for individual rating.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	Average
Subjects																
Marks	<u>3.0</u>	<u>3.3</u>	<u>3.4</u>	<u>3.5</u>	<u>3.5</u>	<u>2.8</u>	<u>3.3</u>	<u>3.7</u>								<u>3.31</u>

MULTIPLE COMPUTATION

(See instructions No. 7)

(Use applicable table)	Table 1.—To ratings of pay grades 1-A, 2, and 3	Table 2.—To ratings of pay grades 4, 5, and 6	Maximum
A. Examination (in qualifications for rating)	Mark _____ × 20.0 (3 decimals)	Mark _____ × 20.0	80.00
B. Total service (For multiple purposes)	Years _____ × 1.0 (2 decimals)	Years _____ × 4.0	20.00
C. Service present rate (For multiple purposes)	Months _____ × 0.2	x x x x x x x x x	12.00
D. Service present pay grade (Same as C unless rate changed)	Months _____ × 0.1	x x x x x x x x x	6.00
E. Good conduct awards	Number _____ × 1.0	_____ × 1.0	
F. Bonus (see instructions)			
	Final multiple _____	Final multiple _____	

Date of examination _____ U. S. _____

(Ship, station, or activity of board)

The candidate was examined in accordance with requirements of the Bureau of Naval Personnel Manual and existing instructions.

We consider him _____ fully qualified and do _____ recommend him for the rating of QM3c

Examination marks and multiple shown above certified correct.

H. J. Oulthard (LT. 56) C. J. Bowman
 U. S. N. R. U. S. N. Senior Member.
Guillermo
 U. S. N.

SUPERVISORY BOARD (if applicable)

U. S. N.

U. S. N.

U. S. N.

Name **GUNN, Ben Heathman**

(Name in Full, Surname to the Left)

OMY(T)

966 21 14

(Service No.)

Rate **RETIRED, V-6, BV**

Date Reported Aboard: **15 August 1944**

U.S.S. WHITNEY (AD4)

(Present Ship or Station)

R/S, Navy 140

(Ship or Station Received From)

20 August 1944:

Serving outside the continental limits of the United States this date. Eligible for the Asiatic-Pacific Campaign Medal.

9 December 1944:

Completed course of instruction in The Loran course, Operation, this date.

K.H. NONWEILER,
Lieut. Commander, USNR.
Executive Officer.

FEB 28 1945

Transferred this date to U.S.S. LST 464 for medical treatment. Auth: Bu. M&S Form "G" dated 28 Feb. 1945.

FEB 28 1945

Date Transferred

To **U.S.S. LST 464,**

H.B. OLNHAUSEN, Ch. Ship's Clerk,
Signature and Rank of Commanding Officer. **U.S.N.**

Date Received Aboard: **28 February 1945**

U.S.S. LST 464

(New Ship or Station)

U.S.S. WHITNEY (AD-4)

(Last Ship or Station)

P.L. POWELL, ENS. (HC) USN By direction

Signature and Rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

PROFESSIONAL QUALIFICATIONS, CONDUCT, AND MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Initials of Executive Officer
12/31/44	QM30	3.7			34		4.0	KEIN
2-28-45	QM30	3.7			34	TRAN.	4.0	KEIN
Final average on Disch., Death, Desertion, Ret., Trans. F. R.								

Name GUNN, Ben Heathman

(Name in Full, Surname to the Left)

966 21 14

(Service No.)

Rate QM3c (T)USNR

Date Reported Aboard:

28 February 1945

U.S.S. LST 464

(Present Ship or Station)

U.S.S. WHITNEY (AD-4)

(Ship or Station Received From)

2-28-45 Transferred this date to USNBH
U.S.S. MERCY.

AUTH: BuNM&S FORM: "G"

U.S.S. MERCY AH-3

RECEIVED -23 FEB 45

Date Transferred 28 February 1945

To USNBH VIA U.S.S. MERCY

P.L. POWELL, ENS. (H00) USN By direction
Signature and Rank of Commanding Officer.

Date Received Aboard: 17 March 1945

USN BASE HOSPITAL 17, NAVY 3115
(New Ship or Station)

USS LST 464 via USS MERCY AH-3
(Last Ship or Station)

P.L. POWELL, ENS. (H00) USN by direction
Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name GUNN, Ben Heathman
(Name in Full, Surname to the Left)

966 21 14 Rate QM3c (T) USNR
(Service No.)

Date Reported Aboard: 7 March 1945

USN Base Hospital # 17 Navy 3115
(Present Ship or Station)

USS LST 464 via USS MERCY AH-6
(Ship or Station Received From)

7 March 1945

RECEIVED THIS DATE FOR TREATMENT.

AUTH: NMS FORM "G".

26 MARCH 1945

Transferred this date to USAT JANE ADAMS
FFT USNH IN US.

AUTH: ~~NMS~~ NMS FORM "G"

Date Transferred 26 March 1945

To USAT JANE ADAMS FFT USNH IN US.

L. LEISER, By Direction.

Signature and Rank of Commanding Officer.

Date Received Aboard: 8 May 45

USNH, MEMPHIS, TENN.
(New Ship or Station)

USN Base Hospital #17, Navy 3115
(Last Ship or Station)

C.M. SNOW, ChPharm., HC, USNR
Signature and Rank of Commanding Officer.

Ass't PersOff

ORIGINAL
FOR SERVICE RECORD

ITEMIZED SCHEDULE OF TRAVEL AND OTHER EXPENSES

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period: _____
 Arrived at _____ on _____, 19____
 for temporary duty for approximate period _____
 Approximate date of return to official headquarters _____, 19____

GENERAL INSTRUCTIONS

1. The provisions of the travel regulations must be strictly observed in order to avoid suspensions and disallowances of amounts claimed.
2. When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
3. If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.
4. Expenditures should be shown by the day and fully explained.
5. Time of departure and arrival from each point of travel should be stated in chronological order in the body of the account.

DATE 19____	CHARACTER OF EXPENDITURE	SUB- VOU. No.	AMOUNT		NOTATIONS (Payee must not use this column)
			SUBSISTENCE	OTHER	
	<p>Reimbursement is claimed for travel of</p> <p><u>4-12</u> miles at 3¢ per mile and _____</p> <p>meals at \$ 1.00 each.</p> <p>Amount \$ <u>12.36</u></p> <p>Departed: <u>Millington, Tenn.</u> 12-4-24</p> <p>Arrives: <u>New Orleans, La.</u> 13-8-27.4</p> <p>Travel was performed by public conveyance at my own expense; no Govt. T/R or conveyance was used; No subsistence was furnished em.</p> <p><u>Millington, Tenn. to Memphis, Tenn. 15 mi.</u></p> <p><u>Memphis, Tenn. to New Orleans, La. 314 mi.</u></p> <p><u>ent page 296 412 mi.</u></p>				

Name GUNN, Ben Heathman
(Name in Full, Surname to the Left)
 966 21 14 Rate QM3c (T) USNR
(Service No.)

Date Reported Aboard: 7 March 1945

USN BASE HOSPITAL # 17, NAVY 3115
(Present Ship or Station)

USS LST 464 via USS MERCY AN-8
(Ship or Station Received From)

7 March 1945

RECEIVED THIS DATE FOR TREATMENT.

AUTH: NMS FORM "G".

26 MARCH 1945

Transferred this date to USAT JANE ADAMS
 FFT USNH IN US.

AUTH: NMS FORM "G"

Date Transferred 26 March 1945
 To USAT JANE ADAMS FFT USNH IN US.
L. LEISER, By Direction.
Signature and Rank of Commanding Officer.

Date Received Aboard: 8 May 45

USNH, MEMPHIS, TENN.
(New Ship or Station)

USN Base Hospital #17, Navy 3115
(Last Ship or Station)

C.M. SNOW, ChPharm., HC, USNR
Signature and Rank of Commanding Officer.
 Ass't PersOff

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

GENERAL INSTRUCTIONS

Personnel under orders, or granted leave enroute, are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with nearest known Naval activity for instructions, if unable to contact above commands.

Personnel on leave are not entitled to civilian medical or dental treatment at government expense. Report sickness or accident at earliest opportunity and request instructions. If recalled from leave return immediately. Only an emergency request for extension of leave will be considered.

These orders are RESTRICTED, their contents, or the whereabouts of ships and personnel will not be divulged to unauthorized persons.

Remember that while carrying out these orders your conduct will reflect to the credit or discredit of the Naval Service.

SPECIAL INSTRUCTIONS (Strike out paragraphs not applicable)

LEAVE: 5 days leave and no days travel time is hereby authorized, this delay to count as leave. Day of departure is day of duty, day of return is day of leave (Article 1727 (3) N. R.). Report as indicated, not later than 0800 (hour) 1 June 1944 (date). Leave Address: Ashland City, Tennessee.

AUTO TRAVEL: Authority is hereby granted to travel by privately owned automobile subject to reimbursement. Gasoline rationing applies. To obtain OPA forms R-544 present these orders to an authorized official designated by the District Commandant. You are traveling in none (make) none (model) none (license).

AIR TRAVEL: Travel by none (enter govt. or commercial) aircraft is specifically directed from none to none. You will be entitled to reimbursement at the rate of \$6 per diem, in lieu of subsistence, while in an air travel status.

OVERSEAS DUTY: If ultimate destination is for duty outside the continental limits of the United States, by order of competent authority, dependents are prevented from accompanying you or dwelling with you at ultimate destination.

OTHER INSTRUCTIONS THIS MAN IS A GRADUATE OF THE CLASS "A" SCHOOL, AT THIS STATION AND HAS BEEN TRAINED FOR THE RATE OF Quartermaster, AND BY DIRECTION OF THE CHIEF OF NAVAL PERSONNEL, MUST BE ASSIGNED TO DUTY WHERE THIS SPECIALIZED TRAINING MAY BE FULLY UTILIZED. THE ATTENTION OF COMMANDS TO WHICH THIS GRADUATE IS TRANSFERRED IS PARTICULARLY INVITED TO THIS DIRECTIVE. By direction of the Commandant.

A. F. ANDERS

(Authenticating signature, rank and title)

Commander, USN, Personnel Officer.

SUPPLEMENTAL INSTRUCTIONS ISSUED DURING INTERMEDIATE REPORTINGS:

DEPARTED MAY 27 1944 HOUR 0000
REPORTED HOUR 0000

(Authenticating signature, rank, title and activity)

TRANSPORTATION FURNISHED

Issue Date	T. R. Number	Cash-Meals Transfers	Meal Ticket Numbers	Name of Issuing Activity	Signature of Issuing Officer

U. S. NAVAL TRAINING CENTER, SAN DIEGO, 33, CALIFORNIA 27 May, 1944
 (Ship or Station) (Date)

Authority: (a) SUBORCOMDSERV PAC serial 13646 of 22 May 1944.

To: GUNN, Ben Heathman, 966 21 14, Slc(QM), V6 SV, USNR.
 (Name, rate, service number, class, etc.)

(If in charge of draft, indicate names, etc., or specify number in draft whose names and data are listed on separate page.)

1. Proceed, as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY

Receiving Station, Naval Repair Base, San Diego, California, for further assignment by Commander Service Force, Pacific Fleet, Subordinate Command

INTERMEDIATE REPORTINGS AND DEPARTURES

(Indicate hour and date)

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

Report to: _____

Reported: _____ Signature: _____

Departed: _____ Signature: _____

ULTIMATE DESTINATION REPORTING

Reported: _____ Signature: _____

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on the reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, BuPers Manual. Missing papers, if any are listed on separate page, indicating when, from where, and by what means, they will be forwarded.

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

(over)

16 1945

REPORT OF CHANGES

of U. S. S. WHITNEY (AD4)

for the month ending 28TH day of FEBRUARY, 19 45, date of sailing

FROM

TO

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Rating at Date of Last Report	4 Date of Enlistment	5 Place of Enlistment
GUNN, Ben Heathman	966 21 14	QM3c(T) V-6 SV		
6 Branch of Service	7 Received, transferred, deserted, discharged, change of rating, death, or any other change of status	8 Date of Occurrence in column 7	9 Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge; where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If deserted, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.	
USNR	Trans.	28 Feb. 1945	USS LST 464 for medical treatment. Auth: Bu.M&S Form "G" dated 28 Feb. 1945.	

This form to be submitted by commanding officers of all ships and stations, whenever any ship or station is commissioned or placed out of commission, on the last day of each month showing all changes for the month for which submitted; also upon sailing from one port to another, by commanding officers of point of origin of transfer and point of destination of enlisted personnel.

Page 18

REPORT OF CHANGES

of U. S. S. LST-464-SPECIAL MEDICAL UNIT

for the month ending 28th day of February, 19 45, date of sailing

from

to

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Rating at Date of Last Report	4 Date of Enlistment	5 Place of Enlistment
GUNN, Ben Heathman	966 21 14	QM3c		
6 Branch of Service	7 Received, transferred, deserted, discharged, change of rating, death, or any other change of status	8 Date of Occurrence in column 7	9 Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge; where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If deserted, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.	
USNR	Rec.	2-28-45	U.S.S. Whitney for treatment.	

U. S. GOVERNMENT PRINTING OFFICE: 1944 O - 514235

REPORT OF CHANGES

of U. S. S. LST-464-SPECIAL MEDICAL UNIT

for the month ending 28th day of February, 19 45, date of sailing

from

to

1 NAMES (Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Rating at Date of Last Report	4 Date of Enlistment	5 Place of Enlistment
GUNN, Ben Heathman	966 21 14	QM3c		
6 Branch of Service	7 Received, transferred, deserted, discharged, change of rating, death, or any other change of status	8 Date of Occurrence in column 7	9 Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge; where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If deserted, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.	
USNR	Trans.	2-28-45	U.S.S. Mercy for treatment.	

This form to be submitted by commanding officers of all ships and stations, whenever any ship or station is commissioned or placed out of commission, on the last day of each month showing all changes for the month for which submitted; also upon sailing from one port to another, by commanding officers of point of origin of transfer and point of destination of enlisted personnel.

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

A. N. WILLIAMS
PRESIDENT

1204

SYMBOLS

DL - Day Letter
NT - Overnight Telegram
LC - Deferred Cable
NLT - Cable Night Letter
Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination.

Wt Xc 9 Gort

Wux Memphis Tenn 313 p 7-13-45

Ben H Gurn Qm 3/c

Answer Date

Ashland City Tenn

Jan Day extension granted Expires 0800 26

July 1945

C L Blew Combr

War Price & Rationing Bd. No. 47-68
Greatham County

Ashland City, Tennessee

10 gal. gas. 7-16-45

40 P.F. Points

24 Meat "

1 lb. Sugar

C.B.N. 7-25-45

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

LEAVE
U. S. NAVAL HOSPITAL
Memphis 15, Tennessee

Convalescent XXX
Emergency _____
Annual _____

DATE 7/5/45

WARD 6

Department Patient

TO: GUNN, Ben H.

966 21 14

QM 3/c USNR

(Surname) (First) (Middle) (Service Number) (Rate)

You are hereby granted 10 days leave of absence and 0 days travel time
commencing 1600 - 7/5/45 1944, and expiring 0800 - 7/16/45 1944
(Time) (Date) (Time) (Date)

Ashlond City, Tennessee

(Address while on leave)

INSTRUCTIONS

1. Make due allowance for irregular schedule of railroads. Keep in communication with your telegraph address. Notify the Commanding Officer of any change of address.
2. Request for extension will be granted only in the greatest emergency and no reply will be made to requests that are not granted. Failure to receive a reply will be considered as a disapproval of your request.
3. If you are taken sick or injured you will report immediately all the circumstances directly to the nearest Naval Hospital or Naval Medical Officer. If neither of the above is available, the disease or injury should be reported immediately to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., forwarding a copy of the report to the Commanding Officer of this station. Medical, hospitalization, and transportation expenses incurred while on leave will be at your own expense.
4. You are instructed not to discuss any military matters, of which you may have knowledge, with any person with whom you may come in contact.

J. C. Carden
J. C. Carden By Direction.
Pharm. USN

LOG OUT WITH MASTER-AT-ARMS

LOG OUT AND IN WITH THE O.O.DAY:

DEPARTED 1600
(Time)

7/5/45
(Date)

By Direction
(O.O.D.)

RETURNED 0215
(Time)

7-26-45
(Date)

By Direction
(O.O.D.)

THE DISBURSING OFFICER IS DIRECTED TO CREDIT LEAVE RATIONS FOR THE PERIOD OF AUTHORIZED LEAVE. THE ABOVE MAN RETURNED PRIOR TO EXPIRATION OF AUTHORIZED LEAVE.

Rations checked _____
Entered in record _____

War Price & Rationing Bd. No. 47-68

Cheatham County

By Direction.

*10 gal gas, 7-9-45
1 gal sugar, B.R.A.
14 meat*

Name GUNN, Ben Heathman

(Name in full, surname to the left)

Number—

9662114

NAV 552 (Reserve)
(Revised August 1942)

AUTHORIZED LEAVE

[illegible]

Name GUNN, Ben Heathman
 (Last) (First) (Middle)
 966 21 14 Rate QM3c(T) Class SV6 USNR
 (Service No.)

Date Reported Aboard: 8 May 45

USNH, MEMPHIS, TENN.

(Present Ship or Station)

USN Base Hospital #17, Navy #3115

(Ship or Station Received From)

27 Jun 45 : I, Ben Heathman GUNN, certify that I arrived in the United States on 27 Apr 45.

Ben Heathman Gunn
 Ben Heathman GUNN

5 July 45: Departed on ten(10) days Convalescent Leave this date.

13 July 45: Ten(10) days extension granted.

26 July 45: Returned from twenty(20) day Convalescent Leave this date. Not ACL.

L. J. Smith
 L. J. Smith
 By direction MOinc

2 Aug 45: Treatment completed. Origin not due to own misconduct. Transferred this date to U. S. Naval Receiving Station, New Orleans, Louisiana for assignment to duty by SuborCom ServLant. Granted 25 days rehabilitation leave.

Auth: BuPers-6303-VIJ-1 P16-3/MM dtd 27 Jun 45
 Date Transferred 2 Aug 45

To USNavRecSta., New Orleans, La.

J. S. Bean, Jr.
 J. S. Bean, Jr., Ens., HC, USN
 By direction of MOinc

Date Received Aboard: 28 August 1945

Pers&TraCom(RS)RepBase, NOLA.

(New Ship or Station)

USNH, MEMPHIS, TENN.

(Last Ship or Station)

H. F. JONES

Lt. (S) USNR

Signature and Rank of Officer Authorized to Sign

Personnel Officer

ORIGINAL

FOR SERVICE RECORD

REHABILITATION LEAVE

STANDARD TRANSFER ORDER

U. S. Naval Hospital, Memphis, Millington, Tennessee 2 August 1945

(Ship or Station)

(Date)

BuPers. ltr. Pers-6303-VII-1 P16-3/MM dtd 27Jun45

AUTHORITY:

TO: GUNN, Ben Heathman, 966 21 14, QM3c(T), SV6, USNR

(Name, rate, service number, class, etc.)

DISB. OFF—U. S. NAVAL REPAIR BASE
ADMINISTRATIVE & MILITARY CO.
NEW ORLEANS, LA.
(none)

(If in charge of draft, indicate names, etc., or specify number in draft those names and other data are listed on separate page.)

1. Proceed as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY

Commanding Officer, U. S. Naval Receiving Station, New Orleans, Louisiana

WILSON, L. (a), (SC) USNR

for assignment to duty by Subordinate Servant.

INTERMEDIATE REPORTINGS AND DEPARTURES

(Indicate hour and date)

Report to: Millington 8/2/45-1200
Reported: 1200
Departed: 1230

Report to: Public conveyance of my own expense
Reported: Government I/R or conveyance was used
Departed: Ben H. Gunn

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

ULTIMATE DESTINATION REPORTING

Reported: 8/28/45 Signature: _____

2. You will be governed by general, special, and supplemental instructions of as applicable, shown on reverse of transfer COMMANDING OFFICER
3. Records and accounts are handed you herewith for delivery to ultimate destination, in accordance with Article 7008, BuPers Manual. Missing papers, if any are listed on separate page, indicating when, from where, and by what means, they will be forwarded.

(OVER)

War Price & Rationing Bd No. 47-68

Cheatham County

Ashland City, Tennessee

20 gal gas. 90 ft. pu. food
2 lb Sugar 8-11-45
by H. meal

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

GENERAL INSTRUCTIONS

Personnel under orders, or granted leave enroute, are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with nearest known Naval activity for instructions, if unable to contact above commands.

Personnel on leave are not entitled to civilian medical or dental treatment at government expense. Report sickness or accident at earliest opportunity and request instructions. If recalled from leave return immediately. Only an emergency request for extension of leave will be considered.

These orders are RESTRICTED, their contents, or the whereabouts of ship and personnel will not be divulged to unauthorized persons.

Remember that while carrying out these orders your conduct will reflect to the credit or discredit of the Naval service.

SPECIAL INSTRUCTIONS (Strike out paragraphs not applicable)

LEAVE: 25 days leave and 6 days travel time is hereby authorized, this delay count as leave. Day of departure is day of duty, day of return is day of leave (Article 1727 (3) N.R.). Report as indicated, not later than 0800 hour 28 Aug 45. Leave Address: Ashland City, Tennessee AUTO TRAVEL: Authority is hereby granted to travel by privately owned automobile subject to reimbursement. Gasoline rationing applies. To obtain OKA forms R-544 present these orders to an authorized official designated by the District Commandant. You are traveling in (make) (model) (license).

AIR TRAVEL: Travel by (enter govt. or commercial) aircraft is specifically directed from to You will be entitled to reimbursement at the rate of \$6 per diem, in lieu of subsistence, while in an air travel status.

OVERSEAS DUTY: If ultimate destination is for duty outside the continental limits of the United States, by order of competent authority, dependents are prevented from accompanying you or dwelling with you at ultimate destination.

OTHER INSTRUCTIONS:

Travel to be at own expense subject to reimbursement.

H. R. Boone, Captain, MC, USN
(Authenticating signature, rank and title)

SUPPLEMENTAL INSTRUCTIONS ISSUED DURING INTERMEDIATE REPORTINGS:

(Authenticating signature, rank, title and activity)

TRANSPORTATIONS FURNISHED

Issue:	Cash-meals:	Meal ticket:	Name of issuing:	Signature of
Date:	T.R. Number:	Transfers :	numbers :	activity :
U. S. NAVAL HOSPITAL, MEMPHIS, TENNESSEE				
NO TRANSPORTATION OR SUBSISTENCE ISSUED ON THESE ORDERS				
W. H. PULLEN				
Lt. (jg) SC USNR				

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT
OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 1913
Bureau No. _____

U. S. NAVY DEPARTMENT

(Department, bureau, or establishment)

THE UNITED STATES, Dr.,

To

Address:

U. S. Naval Repair Base
Administrative & Military Command
New Orleans, Louisiana

SYMBOL #51 853
C. S. WILSON, (LAW REC) USNR
SEP 12 1945
(For use of Paying Office)

(Official Headquarters)

(Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT
of travel and other expenses paid by me in the discharge of official duty from _____, 19____,
to _____, 19____, as per itemized statement within, under authority No. _____, dated _____,
19____, copy of which is attached,* or has been previously furnished with voucher No. _____, paid _____,
19____, by _____
(Name of disbursing officer)

AMOUNT

DOLLARS CENTS

12 36

(Payee will NOT use this space)

Differences

Account verified correct for \$

(Signature or initials)

MEMORANDUM

GILBERT R. WHITWORTH
Lieut.-Comdr. U. S. Navy (Ret)

V. H. KIOSTERUD, Lt. (jg), (SC) USNR
for C. S. WILSON, Lieut. (SC) USNR

The next previous voucher paid under the same travel authority was: D. O. Vou. No. _____, paid _____, (Date)

ACCOUNTING CLASSIFICATION (For completion by administrative office)

APPROPRIATION, LIMITATION OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMITATION OR PROJECT		APPROPRIATION	
		AMOUNT		AMOUNT	
196012	1940 020 74150	\$		\$	12.36

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount
	\$			\$		

Paid by { Check No. 59659, dated 2 September, 1945, for \$ 12.36 } on Treasurer of the United States
in favor of payee named C. S. WILSON
Cash, \$ _____, on _____, 19____ SIGN ORIGINAL ONLY (Signature of Payee)

*If there was no prior authority state circumstances which rendered securing prior authority impracticable.

**U. S. NAVAL REPAIR BASE
NEW ORLEANS, LA.**

9-14-45
(Date)

From: The Commanding Officer.
To: The Disbursing Officer.
Subject: Leave rations—Enlisted man
entitled to.
Reference: (a) Alnav 247.

1. In accordance with provisions of reference (a), you are hereby authorized to credit the below named man leave rations for the period indicated:

COM SER FOR LANT
RAIR
GUNN, Ben 966 21 14 QM3c T
(Name) (Rate) (Division)

8-2-45 8-28-45 0800
(Date and hour Left) - (Date and hour returned)

2. The above named man returned prior expiration of authorized leave.

C. S. Flower
Lt. Comdr. (D) L. USNR
Personnel Officer

By direction

Date Prepared
L 16 Oct 45

(I) GUNN, BH QM3c 966 21 14 V6

Name	Rate or Rank	service No	Class
(2) U.S. NAVAL RECEIVING STATION?, NRB, NEW ORLEANS, LA.			
(3) A	B	C	D
(4) DATE OF BIRTH	AGE	$\frac{1}{2}$	Product
15 Oct 25	20 10	10	
(5) Date reported for active duty & previous release & recall	Months	Product	
27 Dec 43	20	10	
(6) Date of active duty and release from the armed Forces of the United Nations except the US NAVY.	Months	Product	
17 June 44-27 April 45	10	2 $\frac{1}{2}$	
(7) Active duty outside continental of U. S.	Mo. Out- side Cont	Product	
FROM 17 June 44 TO 27 April 45	10	2 $\frac{1}{2}$	
(8) Dependency status existing as of 15 Aug. 1945 (If YES in col B Place "IO" in Col C. If NO place dash in col C.			
(9) TOTAL POINTS		22 $\frac{1}{2}$	
(10) ELIGIBLE for immediate release (YES or NO)		no	

REASON not enough pts

(II) Total number of days taken as leave or delay to count as leave since 1 SEPTEMBER 1939 or date of first commissioning or warrant, whichever is later date.

(I2) City and State to which entitled to transportation upon discharge or release from active duty. Ashlund City, Tenn

YOU ARE WARNED THAT YOUR SIGNATURE IS A PLEDGE AS TO THE VALIDITY OF THE INFORMATION TO THE BEST OF YOUR KNOWLEDGE AND IN THE EVENT OF ANY EVIDENCE OF DELIBERATE FRAUD YOU WILL BE COURT MARTIALED IN ACCORDANCE WITH THE ARTICLES FOR THE GOVERNMENT OF THE NAVY.

certified to be correct to the best of my knowledge and belief in accordance with information available this date.

Ben H. Gunn QM3c
(Signature & Rank or Rate)

ATTESTED: *BM Phillips Lt(jg)*
(Signature & Rank of Attending)

10506-1/116-1/11
63-19/116/116

9894 CCNAS-11-1-45-100,000

STANDARD TRANSFER ORDER

U. S. Naval Hospital Station, Naval Repair Base, Nain. 4 Feb. 1946.

AUTHORITY: ~~Consent~~ **Consent** ~~Portant~~ **Portant** ~~1 to~~ **1 to** ~~ser.~~ **ser.** ~~2417-22~~ **2417-22** ~~of 21 Jan. 1946.~~

TO: **COM, Nain H., 936 21 14, 1936, Nain.** **21 Jan.**

Date	Name	Rate	Service Number	Class	Etc.	Name of Issuing	Name of Recipient
	J. H. Mumpel						

(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.) **LEVISSOBVLATION LUBVISHED**

1. Proceed, as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY

Report to the Commanding Officer, Receiving Station and AGO, Brooklyn, N.Y.
Report to the U.S.S. TUGAN (11-117) for duty.

SUBSEQUENT INTERMEDIATE REPORTINGS AND DEPARTURES

(Indicate hour and date)

Report to:

Reported: Signature: **The Disbursing Officer is hereby**

Departed: Signature: **authorized and directed to furnish**

Report to: **you with commercial transportation**

Reported: **and subsistence while enroute from**

Departed: **New Orleans, La. to New York, N.Y.**

Report to: **Brooklyn, N.Y.**

Reported: **Signature: *[Signature]***

Departed: **Signature: *[Signature]***

Report to: **Signature: *[Signature]***

Reported: **Signature: *[Signature]***

Departed: **Signature: *[Signature]***

ULTIMATE DESTINATION REPORTING

Reported: **Signature: *[Signature]***

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, BuPers Manual. Missing papers, if any, are listed on separate page, indicating when, from where, and by what means they will be forwarded.

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

(OVER)
GENERAL INSTRUCTIONS
R-357

Consent

Recsta., & AGO, Brooklyn, N.Y.
File.

B-328

GUNN, Ben Heathman

(Last name)

(First)

(Middle)

966 21 11

(Service No.)

QM3c

(Rate)

USNR

(Class)

USNRS, NOLA.

(Present ship or station)

TRANSFER RECORD

Date transferred 4 February 1946.

Authority ComServForLantSC ltr. Ser.

24470SC of 24 Jan. 1946.

ULTIMATE DESTINATION AND DUTY

CO., RecSta., & AGC, Brooklyn, FFT to
the USS JUNEAU (CL-119) for duty.

_____ days leave and _____ days travel allowed.

MARKS ASSIGNED UPON TRANSFER:

PROF. IN RATE	SEAMANSHIP	MECH. ABILITY	LEADERSHIP	CONDUCT

RECORDS IN MAN'S POSSESSION:

SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	CONT. SERV. CER.	PERS. EFFECTS
1				

B. W. DEE Lt (JAN) USN

Personnel Officer

(Signature and rank of officer authorized to sign)

INTERMEDIATE REPORTINGS

Reported Section E Q

Transferred Date 1-6-46

Reported Records ship

Points 25

Transferred (US 11 USN)

REPORTING-ULTIMATE DESTINATION

Reported at USN RS & AGC BROOKLYN NY

(Name of ship or station)

Date and time 2/6/46

J. M. YOUNG, CAPT., USNR

(Signature and rank of officer authorized to sign)

STANDARD TRANSFER ORDER

U. S. Naval Receiving Station, Naval Repair Base, New York, N.Y. (Ship or station)

ComServForlant, 1tr, Ser. 2117-52 of 21 Jan 1946

81416-38 5830
81416-38 5830
81416-38 5830

Date	Name, Rate, Service Number, Class, Etc.	Remarks	Reason for leaving
1 FEB 1946	U. S. N. R. S. & A. G. C., B' KLYN, N. Y.	NONE	None

(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.)

1. Proceed, as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY

Report to the Commanding Officer, Receiving Station and AGC, Brooklyn, N.Y.,
FET to the U.S.S. JUNEAU (CL-119) for duty.

INTERMEDIATE REPORTING AND DEPARTURES

(Indicate hour and date)

Report to: U.S.N.R.S. & A.G.C., B' KLYN, N. Y.

Reported: 6 FEB 1946

Signature: The Disbursing Officer is hereby

Signature: you with commercial transportation

Signature: and subsistence while enroute from

Signature: New Orleans, La. to RecSta. & AGC,

Signature: Brooklyn, N.Y.

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

ULTIMATE DESTINATION REPORTING

Reported: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

Signature: (Signature of Disbursing Officer)

0804 00472-11-1-87-100'000

GUNN, Ben Heathman
(Last Name) (First) (Middle)
966 21 14 QM3c USNR
(Service No.) (Rate) (Class)
USN R.S. & A.G.C. BROOKLYN NY
(Present Ship or Station)

TRANSFER RECORD

Date Transferred **13 February 1946**
 Authority **CSFL ltr 2447 SC of 12/24/46**

ULTIMATE DESTINATION & DUTY

US NRS BLUSH AVE BKLN FOR DUTY IN CONNECTION WITH FITTING OUT USS JUNEAU CL 119 and on board when commissioned.

DAYS LEAVE AND DAYS TRAVEL ALLOWED

MARKS ASSIGNED UPON TRANSFER:

PROF. IN RATE	SEAMANSHIP	MECH. ABILITY	LEADERSHIP	CONDUCT
				4.0

RECORDS IN MAN'S POSSESSION:

SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	CONT. SERV. CER.	PERS. EFFECTS

[Signature]
(Signature & Rank of Officer authorized to Sign)

INTERMEDIATE REPORTINGS

Reported _____
 Transferred _____
 Reported _____
 Transferred _____

REPORTING - ULTIMATE DESTINATION

Reported At **USS JUNEAU (CL119)**
(Name of Ship or Station)
 Date & Time **Z 15 Feb. 1946**

R. E. ROSE (RFB)

(Signature & Rank of Officer authorized to sign)

GUNN, Ben	Heathman	
(Last Name)	(First)	(Middle)
966 21 14	QM3c6	USNR SV-V6
(Service No.)	(Rate)	(Class)
U.S.S. JUNEAU (CL119)		
(Present Ship or Station)		

15 February 1946

AUTH: ALNAV 39-46.

CHANGE OF STATUS: In accordance with above authority, rating changed from Temporary to Permanent this date.

AUTH: ALNAV 351-45.

Eligible for the American Campaign Medal in accordance with above authority.

AUTH: ALNAV 352-45.

Eligible for the World War II Victory Medal in accordance with above authority.

15 February 1946

Serving outside the Continental Limits of the United States this date.

F. E. Brown
F. E. BROWN
Lt.(jg), USN
Personnel Officer

COMMISSIONING
REPORT OF CHANGES

of U. S. S. JUNEAU (CL119)

for the month ending 15th day of February, 1946, date of sailing

from

to

1	2		3	4		5	
	NAMES (Alphabetically arranged without regard to ratings, with surnames to the left and the first name written in full)		SERVICE NUMBER (The service number must under no condition be omitted)	Date of Enlistment			
6	7		8	Rating at Date of Last Report	Date of Enlistment		Place of Enlistment
	Branch of Service				Day	Month	
17	GUNN, Ben H.		966 21 14	QC3c			
6	7	8	9				
	Branch of Service		Date of Commencement in column 7	Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge, where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If deserted, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.			
17	USNR SV-6						

10-50779-6

COMMISSIONING
MUSTER ROLL OF THE CREW

of the U. S. S. JUNEAU (CL119)

for the month ending 15 February, 1946

1	2	3	4			5
NAMES	SERVICE NUMBER	Present Rating	DATE OF ENLISTMENT			Date first received on board
(Alphabetically arranged without regard to ratings, with surname to the left and the first name written in full)	(The service number must under no condition be omitted)		Day	Month	Year	
GUNN, Ben H.	966 21 14	QC3c				All 2/15/46

10-50779-6

NAVPERS 600-B
(Revised October 1943)

Page 5

REPORT OF CHANGES

of U. S. S. JUNEAU (CL119)

for the month ending 2400 1st day of April, 1946, date of sailing

from

to

1 NAMES (Alphabetically arranged without regard to ratings, with surnames to the left and the first name written in full)		2 SERVICE NUMBER (The service number must under no condition be omitted)	3 Rating at Date of Last Report	4 Date of Enlistment			5 Place of Enlistment
7	GUNN, Ben H.	966 21 14	QC3c				

6 Branch of Service	7 Received, transferred, deserted, discharged, change of rating, death, or any other change of status	8 Date of Commencement in column 7	9 Vessel or station from which received, to what vessel or station transferred, where discharged and character of discharge, where deserted, and amount due or overpaid. Where died, cause of death and where and when buried. If rated and authority for same. If deserted, give cause; if on detached duty, give place of duty. If passenger, give purpose of travel and final disposition.
7 USNR SV-6	Tran.	3-30-46	R3 Brooklyn, N.Y. for processing & ultimate dis

5-15-46
DATE OF ELIGIBILITY

CERTIFICATE OF DEMOBILIZATION FACTORS

Date 3-30-46

1. GONN, Ben H. 966-21-14 RM 3/4
(Last Name) (First Name) (Mid.Initial) (Ser.No.) (Rate)

2. U.S. NAVAL RECEIVING STATION, FLUSHING AVENUE, BROOKLYN, N.Y.

	A	B	C	D	E
3.	Date of Birth 10-13-25	No. Years of age 20	$\frac{1}{2}$	10	
4.	Date of RECAD in USN USNR and release in broken service. 12-27-43 TO DATE	Total No. Months AD in US Navy 27		13 1/2	
5.	Date of AD and re- lease from Armed Forces of any United Nations except USN	No. Months 	$\frac{1}{2}$		
6.	Active duty outside continental U.S. 6-19-44 to 5-8-45 3-15-46-3-30-46	No. Months 9	$\frac{1}{4}$	2 1/4	
7.	Dependency status existing as of 8/15/45	Yes/No No			
8.	Total Points		TOTAL	25 3/4	
9.	ELIGIBLE FOR IMMEDIATE RELEASE "YES" OR "NO" REASON <u>insuff 1st</u>				

10. City and State to which entitled to transportation upon
discharge or upon release from active duty: Ashland City, Tenn.

HOME NAVAL DISTRICT 8th

WH
(Initial)

(Signature and Rating)

GUNN

Ben

Heathman

(Last Name)

(First)

(Middle)

966 21 14

QM3c

USNR SV-6

(Service No)

(Rate)

(Class)

U.S.S. JUNEAU (CL119)

(Present Ship or Station)

TRANSFER RECORD

Date Transferred

30 March 1946

Authority

ALNAV 131-46

ULTIMATE DESTINATION & DUTY

Receiving Station, Brooklyn, N. Y., for
processing and ultimate discharge.

0

DAYS LEAVE AND

0

DAYS TRAVEL ALLOWED

MARKS ASSIGNED UPON TRANSFER:

PROF. IN RATE	SEAMANSHIP	MECH. ABILITY	LEADERSHIP	CONDUCT
				4.0

RECORDS IN MAN'S POSSESSION:

SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	CONT. SERV. CER.	PERS. EFFECTS
X	X	X	0	X

R. E. ROSE, Capt., USN (FEB)

(Signature & Rank of Officer authorized to Sign)

INTERMEDIATE REPORTINGS

Reported

Transferred

Reported

Transferred

REPORTING - ULTIMATE DESTINATION

Reported At

REC STA BROOKLYN NY

(Name of Ship or Station)

Date & Time

30 MAR 1946

H. L. TREMAINE, LT.CDR., USN

(Signature & Rank of Officer authorized to sign)

Name GUNN, Ben Heatham
(Name in Full, Surname to the Left)966 21 14 Rate QM3c
(Service No.)Date Reported Aboard: 30 March 1946USN RS Brooklyn, N.Y.

(Present Ship or Station)

USS JUNEAU CL 119

(Ship or Station Received From)

4 April 1946. Transferred this date
to USN RS New Orleans, La. for duty
pending discharge. Auth: BuPers
Cirlet No. 15-46.

Date Transferred 4 April 1946To USNRS New Orleans, La.H. L. TREMAINE, Lt. Comdr., USN.
Signature and Rank of Commanding Officer.Date Received Aboard: 4/6/46R/S NOLA
(New Ship or Station)R/S BROOKLYN, N.Y.T. G. JOHNSON, ENS D(L) USNRASSISTANT PERSONNEL OFFICER
Signature and Rank of Officer Authorized to Sign

ORIGINAL
FOR SERVICE RECORD

U.S. NAVAL RECEIVING STATION
FISHING AVENUE
BROOKLYN, N. Y.

4 April 1946

(Date)

Authority: BUPERS CL 15-46

To: GUNN, Ben H., QM3c, 966 21 14
(Name, rate, serv. no., class, etc.) (If in charge of draft specify no. in draft whose names and other data are listed on separate page.)

NESBITT, Jesse K. Jr., S1c, 273 18 72

1. You (and the men in your charge) will proceed, as your transportation may direct, and upon arrival REPORT IMMEDIATELY as indicated below:

Ultimate Destination and Nature of Duty
RS NEW ORLEANS, LA. FOR DUTY PENDING DISCHARGE.

Intermediate Reportings and Departures

(Indicate hour and date)

Report to:

Reported: Signature

Departed: Signature

Report to:

Reported: Signature

Departed: Signature

Ultimate Destination Reporting

Reported: Signature

2. You will be governed by general, special, and supplemental instructions, as applicable, shown below.
3. Records and accounts are handed you herewith, for delivery to ultimate, destination, in accordance with Article D-7008, BuPers Manual. Missing papers, if any are listed on separate page, indicating when, from where, and by what means, they will be forwarded.
4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.
5. By copy to these orders the Disbursing Officer is hereby authorized and directed to furnish transportation and subsistence necessary for the execution of these orders.

General Instructions

6. Personnel under orders, or granted leave enroute, are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with the nearest known Naval activity for instructions, if unable to contact above commands.

7. In case of illness or accident while enroute or while on delayed orders, report such to your ultimate destination. If emergency medical treatment is necessary and it is impracticable to obtain treatment from naval or government facilities, obtain it from civilian sources and pay for same obtaining receipt for such payment.

8. In the event you, or any member of your draft, require hospitalization, you are directed to contact the conductor of the train and arrange for transfer of patient to the nearest Naval or civilian hospital.

9. While carrying out these orders your conduct will reflect to the credit or discredit of the Naval Service. Therefore, you and members of your draft are FORBIDDEN to use alcoholic beverages while in transit from this station to the next station or ship.

10. You will, on boarding a public carrier, contact the Shore Patrol or Military Police on duty (if any) and inform them that you are in charge of a draft; that you hold yourself responsible for their conduct enroute and that you will cooperate with said Shore Patrol or Military Police in suppressing disorders or unmilitary conduct on the part of any Army or Navy personnel enroute.

11. These orders are restricted, their contents, or the whereabouts of ship and personnel will not be divulged to unauthorized persons.

CC: TRANSMIT T

Special Instructions

Winchester

J. WINCHESTER LT. USNR

By direction
Supplementary instructions issued during intermediate reporting:

(Authenticating signature, rank and title)

US NAVAL RECEIVING STATION
New Orleans, La.

OOD'S ENDORSEMENT TO ATTACHED ORDERS:

You reported at 1050 on 20 APR 1945
(time) (date)

FOOD

Университетский архив, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674,

5/24/37 W. J.

[Handwritten signature]

(Authenticating signature, rank, title and activity)

Transportation Furnished

174446 NO. 174.933/4 88.056 RONS DEN to pres R/S BROOKLYN, NY

in case of illness or accident while enroute or while on delayed orders, report such to local personnel designated by the Bureau.

e. Personnel under orders of transfer pending assignment are considered attached to ultimate destination of

e. Persons under orders of arrest issued while considered attached to primary destination of

tion and surveillance necessary for the execution of these orders.

2. By such to these orders the Disarming Office is hereby authorized and directed to furnish

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

with Article D-1008, which states that the company is not to be held liable for any damages or losses incurred by the company or its employees.

3. Records and accounts are prepared and maintained for general and particular distribution in accordance

Տ. ԸՈՒ ՄԱՅՐ ՔԵ ԶՈՒՆԱԼՈՒ ՔԼ ԶԵՆԵՐԱՅ՝ ՏԻԵՑԻՆԱՅ՝ ՏԱՊ ՏՈՒԽԵՄԵՆԱՅ՝ ՄԱՏԼԱՏԻՈՒՆ՝ ՏՈՒ ՏԵԽԻՑԱՅՔԵ՝ ՏՈՒՄԱՆ ՔԵՂՈՒՄ:

Rebolteg: 21848116

Debit: Credit:

Դեբուֆեդ: շնորհակալ

gehört zu:

Debit: 21851016

Ինքնագիր: շիճարկ

gebore: 40:

(Indicate month and date)

.....

RECORD IMMEDIATELY AS INDICATED BELOW:

7. Don't (and you won't in local circles) allow bloggers' or local participation with guests, and don't allow

(Name, last, first, middle, etc.) (If in course of this speech do in this whose names and other facts are noted on separate cards.)

Lo: 1000 500 200 100 50 25 10 5 1

Адрес: _____

(b)(5) DPP

BROOKLYN, N. Y.
 ARTHUR WEINER
 214 AVI RECEPTION STATION

INSTRUCTIONS

The primary object of this report is to check the performance and character of the service by the transportation company. Under endorsement (1) the words "on board" previously on this report have been changed to "at destination." "At destination" means the point to which transportation was furnished. The man in charge of the draft must forward this report to the Bureau of Naval Personnel, via his commanding officer, and this first endorsement showing whether or not the entire draft arrived at destination must be completed in every case.

When the entire draft does not proceed to destination on the transportation as called for on the request, a clear, complete statement should be furnished as a basis for proper refund or credit being secured from the transportation company. This statement should always contain information in reference to baggage; that is, whether it was transported to destination on the unused transportation, and if so the approximate weight of baggage, together with the routing traveled by the man or men in proceeding to destination. When the traveler proceeds via the original routing, no deduction is made by the carrier for cost of transportation of baggage, otherwise the full cost is deducted from the refund due the Government on the unused transportation.

When party ticket is furnished, man in charge should advise conductor as soon as he discovers a shortage in the draft and secure a statement from the conductor which can be used in securing credit. Guards and others furnished return transportation should be given a separate return report; the going report should show every man covered by the same transportation, guards included, as reporting at destination.

When men are to be checked, checkage should include only the cost of their personal transportation. The cost of the transportation of the guards is not included. When the report contains a request for checkage, the Supply Officer must always fill in the space which shows that checkage has been made.

Unused transfer and subsistence money must be turned in to the Supply Officer at destination and credited to the appropriation "Pay, Subsistence, and Transportation."

Unused requests and unused tickets must be securely attached to the report and forwarded to the Bureau of Naval Personnel, explaining why not used.

In the case of stragglers or deserters the report may be held 10 days or until they are accounted for. In

other cases, the report should be forwarded promptly to the Bureau. This report should be issued in all cases of the travel of enlisted men.

When enlisted men state under "Remarks" that they were obliged to expend money from their own funds for any reason, they should also state whether or not a claim will be submitted. The claim should be submitted on standard forms 1012 and 1012a. Men should also be advised that, whenever it is necessary, on account of missing connections or for any other reason, to purchase transportation from their own funds, receipt should always be secured from the ticket agent. Under a decision of the Comptroller, such receipts are required before reimbursement will be made.

In cases of checkage-issuing officers forward by mail S. and A. Form No. 63, Request for Checkage, in addition to indicating the checkage to be made on the form 691. Both these requests for checkage should show the checkage by item; that is, railroad, pullman, and cash for subsistence and transfers, if any.

When the enlisted man turns in an unused request for pullman, the officer who is to make the checkage is authorized to eliminate this item and to make note thereof, both on the form 63 and on the form 91.

When there are two or more men in a draft, a list giving the names and the station to which they are to report should be attached to this form.

When separate transportation covered by transportation request is furnished Reserve Officers accompanying Reserve drafts, the numbers of such requests should be entered in the form NAVPERS-691 covering the draft, showing the number of officers transported.

On request Nos. NS. 174, 933/4

(2) Men from

NEW YORK, N. Y.

To

NEW ORLEANS, LA.

Starting 6:20 PM 4/4/46, 1946

[FIRST ENDORSEMENT]

U. S. S. R/S 1104-A

1050 6 April, 1946
(Actual time and date of reporting)

Respectfully forwarded to the Bureau of Naval Personnel, Navy Department.

Number of men reported at destination 2

When number of men given as reporting does not agree with number transferred, explanation should be made under "Remarks."

REMARKS: None

U. S. N. Commanding.


U. S. GOVERNMENT PRINTING OFFICE 16-517-20087-3

**U. S. NAVAL RECEIVING STATION
FLUSHING AVE., BROOKLYN, N. Y.**

4 April 1946....., 19.....

From: Commanding Officer.
To : Commanding Officer, RS NEW ORLEANS, LA
SUBJECT: Transfer of men and records.
Reference: BUPERS CL ~~K~~ 15 46

1. In accordance with the above reference the following named man has been transferred to the activity under your command with papers as indicated.

NAME	RATE	SERVICE NO.	SERVICE RECORD	H. R.	PAY ACCTS.	C.S.C.
GUNN, BEN H.	QM3c	966 21 14	1	1	1	
NESBITT, JESSE K. JR	Slc	273 18 72	1	1	1	
						
			H. L. TREMIANE LT COMDR USN			
TOTAL						

FIRST INDORSEMENT

U. S., 19.....

From: Commanding Officer.
To : Commanding Officer, Receiving Station, Brooklyn, N. Y.
1. Received this date, the above named men with baggage and transfer papers as indicated.

NAVPER-691 (12-43)
NAVY TRANSPORTATION REPORT

REQUEST NO. N8,174,933 SHIP OR STATION REC. STA. BROOKLYN, N. Y. DATE 4/4/46
NO. OF MEN (2) TRANSPORTATION HAS BEEN FURNISHED NAME Ben H. GINN RATE QM3c USNR
AND 1st (1) OTHERS. FROM NEW YORK, N. Y. TO NEW ORLEANS, LA.

DRAWN ON B&O SOU A&WP L&N R.R. COMPANY

REQUEST NO.	NO. AND CLASS OF BERTHS OR STATEROOMS	FROM—	TO—
<u>N8,174,933</u>	<u>TWO UPPER STANDARD BERTHS</u>	<u>NEW YORK, N.Y.</u>	<u>NEW ORLEANS, LA.</u>

NUMBER(S) OF MEAL TICKET(S) ISSUED NONE

CASH FURNISHED FOR MEALS, \$ 8.00 TRANSFERS, \$.05 TOTAL, \$ 8.05

TRAVELER WILL PRESENT REPORT TO COMMANDING OFFICER, U. S. S. REC STA. NEW ORLEANS, LA.

TRAIN SCHEDULE			
CITY	TIME A. M. OR P. M.	DAY	RAILROAD OR STEAMBOAT
LEAVE <u>NEW YORK, N. Y.</u>	<u>6:20 PM</u>	<u>4/4/46</u>	<u>B&O R.R. (EAGLE BLDG) BROOKLYN, N. Y.</u>
ARRIVE <u>WASHINGTON, D.C.</u>	<u>11:23 PM</u>	<u>4/4/46</u>	<u>Do</u>
LEAVE <u>Do</u>	<u>8:00 AM</u>	<u>4/5/46</u>	<u>SOU R.R.</u>
ARRIVE <u>NEW ORLEANS LA.</u>	<u>10:15 AM</u>	<u>4/6/46</u>	<u>L&N R.R.</u>
LEAVE			
ARRIVE <u>CA LL REC STA, NEW ORLEANS, (ALGERS 3360 EXT. 339)</u>			<u>FOR TRANS.</u>
LEAVE			
ARRIVE			

MEMORANDUM FOR THE COMMANDING OFFICER, U. S. S.

Cost of personal transportation of NO CHECKAGE INVOLVED

which amount the BUREAU OF NAVAL PERSONNEL directs be checked against HIS/HER account and the same credited to appropriation "PAY, SUBSISTENCE, AND TRANSPORTATION" for current fiscal year. W. O. PEHRSON, LT (S) USNR

SIGNED _____ U. S. N., ISSUING OFFICER.

MEMORANDUM FOR THE COMMANDING OFFICER: The receipt of \$ _____ is hereby acknowledged. The account of

_____ has/have been checked \$ _____ each, and this amount has been deposited to the credit of appropriation "PAY, SUBSISTENCE, AND TRANSPORTATION" for the current fiscal year.

PAY _____ U. S. NAVY

TO BE FILLED OUT BY THE PERSON IN CHARGE OF THE DRAFT

NAVY YARD DATE
AMOUNT OF CASH SPENT FOR MEALS, \$ _____ : FOR TRANSFERS, \$ _____ AMOUNT OF CASH TURNED IN TO PAYMASTER OF RECEIVING SHIP, \$ _____

(If any members leave the draft en route, state where, as well as any complaint of poor train schedule, meals, etc. A full report of the facts and, in case of train delay actual time of arrival at destination should be reported under "Remarks.")

REMARKS:

TO THE COMMANDING OFFICER

SIGNATURE

U. S. N. R

(READ INSTRUCTIONS ON REVERSE SIDE)

GUNN, Ben Heatham (Last name) (First) (Middle)
 966 21 14 (Service Number) M3c (Rate) V6 (Class)
 USN RECSTA NRB NOLA
 (Present ship or station)

Date Reported 6 April, 1946

Rec'd From USNRS BROOKLYN N. Y.

I certify that to the best of my knowledge there are no pending claims for leave rations, travel reimbursement, or per diem. I do not claim transportation for my dependents or household effects.

X Ben H. Gunn

Average conduct mark 4.0

Proficiency in rate 3/5

0 SCM 0 GCM

Character of discharge HONORABLE

AUTH:

Date Trans

To: CO., PSC MILLINGTON for disch

R. W. Dyer Lt USN

Personnel Officer

Date Received

Present Station

Last Station USN RECSTA NRB NOLA

Signature

of officer authorized to sign

GUNN, BEN HEATHMAN

(Last Name)

(First)

(Middle)

966 21 14

(Service No.)

OM3c

(Rate)

USNR

(Class)

Rec. Sta., New Orleans, La.

(Present Ship or Station)

15 April 1946 Transferred this date to the
Naval Station, Green Cove Springs, Fla.,
for duty.

AUTHORITY: COMSEVEN DESP.102107 of Apr. 46

[Signature]
REW. DYE, LIEUT. USN
PERSONNEL OFFICER

17 APR 1946

[Signature]
U. S. NAVAL STATION
GREEN COVE SPRINGS, FLA.

[Signature]
W. Y. GARY, Lieut. USNR
Personnel Officer

NB506-1/P1604/MM 63-19/RWD/mr		STANDARD TRANSFER ORDER	
U.S. NAVAL RECEIVING STATION, NAVAL REPAIR BASE, NOLA., 15 April 1946		(Date)	
AUTHORITY: ComSEVEN Disp. 102107 of April 1946		DISPATCHED BY: [illegible]	
TO: GUNN, Ben Heatham, 966 21 14, OM3c, USNR, (In Charge)		FROM: PORTER, Joe Marvin Jr., 257 98 92, OM3c, USNR	
Date	Rate	Service Number	Class, Etc.
15 April 1946	14	966 21 14	OM3c
(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.)			

1. Proceed, as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY

The Commanding Officer, Naval Station, Green Cove Springs, Fla., for duty.

INTERMEDIATE REPORTINGS AND DEPARTURES

(Indicate hour and date)

Report to: The Disbursing Officer is hereby authorized and directed to furnish
Reported: [illegible] Signature: [illegible]
Departed: [illegible] Signature: [illegible]

OTHER INSTRUCTIONS

Reported: [illegible] Signature: [illegible]
Departed: [illegible] Signature: [illegible]

Report to: [illegible]

Reported: [illegible] Signature: [illegible]
Departed: [illegible] Signature: [illegible]

Report to: [illegible]

Reported: [illegible] Signature: [illegible]
Departed: [illegible] Signature: [illegible]

ULTIMATE DESTINATION REPORTING

Reported: [illegible] Signature: [illegible]
SPRINGS, FLORIDA, APRIL 17, 46

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, BuPers Manual. Missing papers, if any, are listed on separate page, indicating when, from where, and by what means they will be forwarded.

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

cc: Com7
Co., NAVSTA. GREEN COVE SPRINGS, FLA.
FILE

GENERAL INSTRUCTIONS

Personnel under orders, on granted leave enroute, are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with nearest known Naval activity for instructions, if unable to contact above commands.

Personnel on leave are not entitled to civilian medical or dental treatment at government expense. Report sickness or accident at earliest opportunity and request instructions. If recalled from leave return immediately. Only an emergency request for extension of leave will be considered.

These orders are RESTRICTED, their contents, or the whereabouts of ships and personnel will not be divulged to unauthorized persons.

Remember that while carrying out these orders your conduct will reflect to the credit or discredit of the Naval service.

ULTIMATE DESTINATION REPORTING

SPECIAL INSTRUCTIONS (Strike out paragraphs not applicable)

LEAVE: days leave and days travel time is hereby authorized, this delay to count as leave. Day of departure is day of duty, day of return is day of leave (Article 1727(3) N. R.). Report as indicated, not later than (hour) (date). Leave Address:

AUTO TRAVEL: Authority is hereby granted to travel by privately owned automobile subject to reimbursement. Gasoline rationing applies. To obtain OPA forms R-544 present these orders to an authorized official designated by the District Commandant. You are traveling in (make) (model) (license).

AIR TRAVEL: Travel by (enter govt. or commercial) aircraft is specifically directed from to You will be entitled to reimbursement at the rate of \$6 per diem, in lieu of subsistence, while in an air travel status.

OVERSEAS DUTY: If ultimate destination is for duty outside the continental limits of the United States, by order of competent authority, dependents are prevented from accompanying you or dwelling with you at ultimate destination.

OTHER INSTRUCTIONS:

Debit to:

Rebilled to:

Rebilled to:

SUPPLEMENTAL INSTRUCTIONS ISSUED DURING INTERMEDIATE REPORTINGS:

The Commanding Officer, Navy Station, Green Cove Springs, Fla., for duty.

ULTIMATE DESTINATION AND OFFICIAL OF DUTY

1. Proceed as soon as practicable to the place indicated and report as indicated below:

(If in charge of ship indicate name, etc. of ship and name and activity)

TRANSPORTATION FURNISHED

(If in charge of ship indicate name, etc. of ship and name and activity)

Issue Date	T. R. Number	Cash-meals transferred	Meal ticket numbers	Name of issuing activity	Signature of Issuing Officer
4/15/46	8,647,033-4	6.00	05-0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	
4/15/46	38-2250	ST. JY	0730	NAVY REPAIR BASE	

STANDARD TRANSFER ORDER

U.S. Naval Station, Green Cove Springs, Fla.
(Ship, or Station)

8 May 1946
(Date)

AUTHORITY: (a) AlNav 395-45; (b) ComUSNavSta., Dispatch No. 021600.

TO: GUNN, Ben H. 966 21 14 QN3c V6 SV
(Name, Rate, Service Number, Class, etc.)
MILLER, Samuel B. 965 99 54 SM3c SV6

(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.)

1. Proceed, as your transportation may direct, and report as indicated below:

ULTIMATE DESTINATION AND NATURE OF DUTY Draft No. 5841-P

To: Co, U.S. Naval Personnel Separation Center, Memphis, Tenn., for
separation from the service.

INTERMEDIATE REPORTINGS AND DEPARTURES

(Indicate hour and date)

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

USN Pers Sep Cen,
Memphis, Tenn

ULTIMATE DESTINATION REPORTING

Reported: 2/9/46 1946 Signature: H. H. Brooks H USNR
B. B. P

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, BuPers Manual. Missing papers, if any, are listed on separate page, indicating when, from where, and by what means, they will be forwarded.

4. Copy of transfer orders is being mailed by this command direct to Ultimate Destination.

(OVER)

GENERAL INSTRUCTIONS

Personnel under orders, or granted leave enroute, are considered attached to Ultimate Destination, or intermediate reporting commands, as the case may be. Communicate with the nearest known Naval activity for instructions, if unable to contact above commands.

Personnel on leave are not entitled to civilian medical or dental treatment at government expense. Report sickness or accident at earliest opportunity and request instructions. If recalled from leave return immediately. Only an emergency request for extension of leave will be considered.

These orders are **RESTRICTED**, their contents or the whereabouts of ships and personnel will not be divulged to unauthorized persons. Remember that while carrying out these orders your conduct will reflect to the credit or discredit of the Naval service.

SPECIAL INSTRUCTIONS

(Strike out paragraphs not applicable)

LEAVE: days leave and days travel time is hereby authorized, this delay to count as leave. Day of departure is day of duty, day of return is day of leave (Art. 1727(3)N.R.). Reporting indicated not later than..... (hour)..... (date). Leave Address:

AUTO TRAVEL: Authority is hereby granted to travel by privately owned automobile subject to reimbursement. Gasoline rationing applies. To obtain OPA forms R-544 present these orders to an authorized official designated by the District Commandant. You are traveling in.....(make).....(model).....(license).

AIR TRAVEL: Travel by.....(enter gov. or commercial) aircraft is specifically directed from.....to.....

You will be entitled to reimbursement at the rate \$3.00 per diem, in lieu of subsistence, while in air travel status.

OVERSEAS DUTY: If ultimate destination is for duty outside the continental limits of the United States, by order of competent authority, dependents are prevented from accompanying you or dwelling with you at ultimate destination.

OTHER INSTRUCTIONS:

The ~~Pres.~~ TRANS. OFFICER is hereby authorized to furnish you the necessary transportation and Subsistence required in the execution of these orders

Personnel Officer ^(Authenticating signature, rank and title) By direction of CO

SUPPLEMENTAL INSTRUCTIONS ISSUED DURING INTERMEDIATE REPORTINGS:

(Authenticating signature, rank, title and activity)

TRANSPORTATION FURNISHED

Issue Date	T. R. No.	Cash-meals Transfers	Meal Ticket Numbers	Name of Issuing Activity	Signature of Issuing Officer
	SNS, Green Cove Springs Fla. 5/7/46. Issued T/R N8-886,100-lv Meal-Tkt's, 3625437-transf Transfers None. J. B. NEPT, DE(JG) USNR. Pers Trans Offr.				

GUNN, Ben Heathman
 (Last name) (First) (Middle)
 966 21 14 QM3c V6 USNR
 (Service No.) (Rate) (Class)
 U. S. NAVAL STATION
 GREEN COVE SPRINGS, FLA.
 (Present ship or station)

TRANSFER RECORD

Date transferred MAY 8 1946

Authority (a) AlNav 395-45. (b) ComUSNavSta
 Disp No 021600.
 ULTIMATE DESTINATION AND DUTY

U. S. Naval Personnel Separation
 Center, Memphis, Tenn., for discharg

days leave and days travel allowed.

MARKS ASSIGNED UPON TRANSFER:

PROF. IN RATE	SEAMANSHIP	MECH. ABILITY	LEADERSHIP	CONDUCT

RECORDS IN MAN'S POSSESSION:

SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	CONT. SERV. CER.	PERS. EFFECTS
1	1	1		

E. W. COX, Lt(jg) USN
 (Signature and rank of officer authorized to sign)
 Personnel Officer

INTERMEDIATE REPORTINGS

Reported

Transferred

Reported

Transferred

REPORTING—ULTIMATE DESTINATION

USN PERSEPCEN MEMPHIS, TENN.
 (Name of ship or station)

Date and time MAY 10 1946

(Signature and rank of officer authorized to sign)

966 21 14
(SERVICE NUMBER)
GUNN, BEN HEATHMAN
(LAST NAME) (FIRST NAME) (MIDDLE)
QM3c USN ☐ USN-I ☐ USN-SV ☐ USNR ☐ USNR-SV ☒
(RATING)

1. ACCEPTED FOR ENLISTMENT AT (PLACE) (DATE)

2. INDUCTED AT ASHLAND CITY, TENN 12-17-43
(PLACE) (DATE)

3. ORDERED TO ACTIVE DUTY FROM (PLACE) (DATE)

4. HOME SHOWN IN SERVICE RECORD (CITY AND STATE)

NOTE: USN and USNR enlisted for immediate active duty - use 1 above.

USN-I, USN-SV, USNR-SV - Use 2 and enter location of local draft board to which individual first reported for delivery to induction station.

USNR ordered from inactive duty - Use 3 and enter address to which orders to active duty were addressed.

ALL CLASSES - Use 4 in addition to others required, only when individual is entitled to transportation in kind to home of record.

5. COMPLETED YEARS SERVICE FOR PAY PURPOSES ON (NO.) (DATE)

6. THE ABOVE NAMED INDIVIDUAL IS THIS DATE HONORABLY DISCHARGED, 5-11-46
(DATE)

FORM NAVPERS-660 SERIAL 02703076 ISSUED.
(SERIAL NO.)

7. REASON AND AUTHORITY

RE D 131 46

NAVPERS 554 # 1323624

Upon being honorably discharged from the Naval Service, I acknowledge receipt of the following:

HONORABLE SERVICE LAPEL BUTTON
HONORABLE DISCHARGE BUTTON
HONORABLE DISCHARGE EMBLEMS

I have received the following instructions:

- (1) To report to my Selective Service Board within 10 days.
- (2) Concerning rights and benefits as a Veteran.
- (3) That in order to continue Government Insurance, Premiums must be paid direct to Veterans Administration.
- (4) If I desire to reenlist at some subsequent date, I should apply to the nearest Navy Recruiting Station and present my discharge certificate, and notice of Separation (Navpers Form 553.)
- (5) That I am permitted to wear my uniform only until such time as I reach my home (not to exceed 3 months enroute). I understand that the manner in which I conduct myself while wearing my uniform will reflect upon the naval service.

Ben H. Gunn
(SIGNATURE OF DISCHARGEES)

N. R. ROLLINGS, BOSN, USN
(NAME AND SIGNATURE)

ASSISTANT RECORDS OFFICER (See Art. 2025 (2) N. R.)

USNPERSEPCEN, MEMPHIS, TENN.
(NAME AND LOCATION OF ACTIVITY FROM WHICH SEPARATED)

PART I - FOR SERVICE RECORD

SY. 523013 T/A

MUSTERING OUT PAYMENT

NAV. S. AND A. FORM 550 (M)

966 21 14

CUBA, BEN HATHAM

0136

STG 0010

(Activity from which Discharged)

5-11-46

60 days or more

(Date Discharged or Released from Active Duty)

(Length of Service-Enter (Less than 60 days) or (60 days or more)

Does service record show service outside of continental limits of United States or in Alaska?

ENTER YES OR NO

COMMANDING OFFICER'S CERTIFICATE

I certify that the above named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

(Name and signature of officer authorized to sign in accordance with Art. 2025 (2)NR)

DISBURSING OFFICER'S PAYMENT DATA

Paid \$100.00 on

(Public Voucher)

(Check No.)

(Date)

(Type name and symbol no. of disbursing officer making initial payment)

VETERAN'S CERTIFICATE

I hereby certify that I have not made previous application for or received Mustering Out Payment for military service in any branch of the armed forces. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

I served outside the continental limits of United States or in Alaska on/at: (Not to be filled in unless commanding officer's certification is "No" and veteran claims such service.)

(Ship or Station)

(Month and Year)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

ACQUAINT CITY, TEX.

VETERAN MUST SIGN IN SPACE BELOW

MUSTERING OUT PAYMENT DIVISION DATA

TRIPPLICATE (To BuPers or Coast Guard Headquarters)

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE
NAVPERS-553 (REV. 6-45)

GIR 2740

1. SERIAL OR FILE NO.		2. NAME (LAST) (FIRST) (MIDDLE)		3. RATE AND CLASS/OR		5. PLACE OF SEPARATION	
966 21 14		GUNN, Ben H.		QM 3/c		P. S. C. Memphis, Tenn.	
RANK AND CLASSIFICATION		4. PERMANENT ADDRESS FOR MAILING PURPOSES					
SV-6 USNR		Ashland City, Tenn.					
6. RACE		8. SEX		10. MARITAL STATUS		11. U.S. CITIZEN (YES OR NO)	
White		M		Single		Yes	
12. DATE AND PLACE OF BIRTH		13. DATE AND PLACE OF BIRTH					
13 Oct. 1925		Ashland City, Tenn.					
14. SELECTIVE SERVICE BOARD OF REGISTRATION		15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE					
Ashland City, Tennessee		Ashland City, Tennessee					
16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)		17. DATE OF ENTRY INTO ACTIVE SERVICE		18. NET SERVICE (FOR PAY PURPOSES) (YRS., MOS., DAYS)			
<input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> INDUCED <input type="checkbox"/> COMMISSIONED		27 Dec. 1943		2-4-25			
DATE 17 Dec. 1943		19. PLACE OF ENTRY INTO ACTIVE SERVICE		20. QUALIFICATIONS, CERTIFICATES HELD, ETC.			
Chattanooga, Tennessee		Those of Rate		AS, S2/c, S1/c, QM3/c			
21. SERVICE SCHOOLS COMPLETED		22. SERVICE (VESSELS AND STATIONS SERVED ON)		23. FOREIGN AND/OR SEA SERVICE WORLD WAR II			
MT School, Class "A", QM School, San Diego, Calif.		MTS, San Diego, Calif. R/S Noumea, N.C. USS Whitney (AD-4) Pers & Trg Com(RS), New Orleans, La. AGC, Brooklyn, N.Y. USS Juneau		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
WEEKS 16							
IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTOR'S SUBDIVISION, VETERAN'S ADMINISTRATION, WASHINGTON 25, D. C.							
24. KIND OF INSURANCE		25. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE		26. MO. NEXT PREMIUM DUE		27. AMOUNT OF PREMIUM DUE EACH MONTH	
NSI		5-46		6-46		\$6.40	
28. INTENTION OF VETERAN TO CONTINUE INS.		Yes					
29. TOTAL PAYMENT UPON DISCHARGE		30. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		31. INITIAL MUSTERING OUT PAY		32. NAME OF DISBURSING OFFICER	
\$ 69.68		\$ 11.30		100.00		G. E. MORGAN Lt (SO) USNR	
33. REMARKS		34. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)					
Quartermaster, Third Class Victory Medal Asiatic-Pacific Medal American Theatre Medal		NATHANIEL T. WILLIAMS JR. Lt. Comdr., USNR					
35. NAME AND ADDRESS OF LAST EMPLOYER		36. DATES OF LAST EMPLOYMENT		37. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.			
None		FROM None TO None		Student			
38. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA)		39. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)		40. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE)			
Vanderbilt University Nashville, Tennessee		College - Law		None			
41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED)		42. DEGREES		43. MAJOR COURSE OR FIELD		44. OFF DUTY EDUCATIONAL COURSES COMPLETED	
GRAM: 8 H. S.: 4 COLL: 0 0 0		0 0 0		0 0 0		None # N/S, Green Cove, Springs, Fla.	
45. RIGHT INDEX FINGERPRINT		46. DATE OF SEPARATION		47. SIGNATURE OF PERSON BEING SEPARATED			
		11 May 1946		Ben H. Gunn			

TO: BUREAU OF NAVAL PERSONNEL

966-21-14

Gunn, Ben
Heathman

JUN 11 1951

Bv7 Dis 7 6T

18 Jun 1951

966 21 14

BEN HEATHMAN GUNN

XXX

17 Dec 1943

Apprentice Seaman

27 Dec 1943

HTS, San Diego, Calif.

XXX

11 May 1946

Quartermaster third class

PSC, Memphis, Tenn.

HONORABLE (EE D)
AUTH; ALNAV 131-46

Engineering

Ashland City, Tenn. 13 Oct 25

Student

Enr. Enr.

Ruddy

5

137

A. O. JONES, Head, Branch 7
Enlisted Services and Records Division



JOSEPH L. GOLSAN
DIRECTOR

STATE OF LOUISIANA
DEPARTMENT OF VETERANS' AFFAIRS

June 4, 1951

ADDRESS REPLY TO
Robert C. Chatham, Caddo Parish Service Officer
DEPARTMENT OF VETERANS' AFFAIRS
Room No. 1 Court House Building
P. O. Box 1837
Shreveport 86, Louisiana

Re: GUNN, Ben H.
SN- 966 21 14

718 Kirby Place
Shreveport, La.

Chief of Naval Personnel
Enlisted Records Division
Navy Department
Washington 25, D. C.

Dear Sirs:

Enclosed please find NAVPERS Form 663, Application for Certificate in Lieu of Lost or Destroyed Discharge Certificate, executed by the above named veteran.

Yours very truly,

LA. DEPARTMENT OF VETERANS' AFFAIRS

R. C. Chatham
Caddo Parish Service Officer

RCC/bh
Encl: 1

cc: Div. of Claims

**APPLICATION FOR CERTIFICATE IN LIEU OF
LOST OR DESTROYED DISCHARGE CERTIFICATE**
NAVPER-663 (REV. 5-47)

Read carefully the instructions
printed below.

DATE: June 4, 1951

1. NAME (Last) (First) (Middle) GUNN, Ben Heathman		2. SERVICE NO. 966 2114	3. RACE White	4. DATE CERTIFICATE LOST OR DESTROYED 1950
5. ENTERED NAVAL SERVICE AT (City or county, and State) Chatanooga, Tennessee		6. DATE ENTERED SERVICE 12-17-1943	7. RATE AT DISCHARGE QM 3/C	
8. DATE OF DISCHARGE May 11, 1946	9. PLACE OF DISCHARGE Memphis, Tennessee		10. TYPE OF DISCHARGE Honorable	

TO:

Ben H. Gunn
718 Kirby Place
Shreveport, La.

INSTRUCTIONS

1. Complete this application for certificate in lieu of lost discharge, in detail, and return it for consideration to:

CHIEF OF NAVAL PERSONNEL
ATTN: ENLISTED RECORDS DIVISION
NAVY DEPARTMENT
WASHINGTON 25, D. C.

11. CIRCUMSTANCES SURROUNDING LOSS OR DESTRUCTION OF CERTIFICATE (Any mutilated certificate must be forwarded with this application and a duplicate certificate will be issued by this Bureau)

Lost while moving.

12. IF MORE THAN ONE DISCHARGE CERTIFICATE HAS BEEN LOST OR DESTROYED, GIVE IN THE FOLLOWING SPACE, RATE, CLASSIFICATION, AND DATE AND PLACE OF ENLISTMENT AND DISCHARGE, FOR THE PERIODS OF SERVICE COVERED BY EACH CERTIFICATE

Does not apply

13. DATE OF BIRTH 10-13-1925	14. PLACE OF BIRTH (City or county, and State) Harrison City, Cheatham County, Tenn.	15. HEIGHT 5 FT 10 IN.	16. COMPLEXION Ruddy
17. COLOR OF EYES Brown	18. COLOR OF HAIR Brown	19. OCCUPATION BEFORE TIME OF ENLISTMENT Student.	

CERTIFICATION

I DO HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief

SIGNATURE OF APPLICANT

Ben Heathman Gunn

SIGNATURE OF WITNESS

Benjamin L. Hebert

ADDRESS TO WHICH CERTIFICATE IS TO BE MAILED

718 Kirby Place, Shreveport, La.

ADDRESS

P. O. Box 1837, Shreveport, La.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th

DAY OF June 1951

NOTARY
PUBLIC'S
SEAL

Notary Signature

Notary Public.

NOTICE: A complete set of fingerprints (both hands) may be affixed free of charge at any Navy Recruiting Station or police station.

IF SERVICE WAS PERFORMED AFTER 1 JANUARY, 1907, PLACE FINGERPRINTS IN THIS SPACE	LEFT HAND				RIGHT HAND			

Notary Public and Seal must be submitted if fingerprints are submitted for a certificate in lieu of a lost discharge certificate.

VA-D.C. 5393